

Teacher Trainee Membership Application or Change Notification Form

Full explanations of all sections of this application form can be found in the flyer *Join PPTA* and in the PPTA Constitution available at www.ppta.org.nz. For more information call toll free 0800 630 400.

First name(s) Surname

Female Male Preferred name (if different from above)

Teacher training establishment

Course commencement date Course completion date (approx.)

Home address: Street Suburb

Town/City..... Home Phone ()

Mobile () Email

Membership Declaration

I..... (your name) apply for teacher trainee membership of the NZ Post Primary Teachers' Association (NZPPTA). I accept the responsibilities of membership and will obey its rules. I consent to the disclosure of the information given on this form to the authorised officers and agents of NZPPTA for access to membership benefits.

I understand that this authority ceases when I begin working as a teacher and that a new application must be made for membership as a teacher.

Signed Date

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|----------------------------------------------------------------------------------------|
| OFFICE USE Processed Date Membership number Date Financial |
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Please return this form in an envelope addressed:

**PPTA,
 Freepost 103122
 PO Box 2119
 Wellington**