



Membership Application Form

Please print clearly

Prefix <i>Dr, Mrs, Ms</i>		First Name		Last Name	
Title <i>Assistant Teacher, HOD, HOF etc</i>			Educational Institution		

Address Details

Postal Address		
Suburb		
City		
Postcode		

Contact Details

Telephone		Fax	
Extension			
Email		Website	

Membership

Initial Joining Fee Paid on joining for first year or part thereof.

Individual \$50		School <i>(two teachers)</i> \$70		School <i>(three or more teachers)</i> \$100	
Student Teacher <i>(Free for first year)</i>		Associate <i>(Non-teaching members)</i> \$50			

Signature		Date	
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Cheque
(Make cheque payable to NZACDITT.)

Order Please invoice my school:
Order No:

Please send completed application with *Cheque* or completed *Order Form* to:

The Treasurer, NZACDITT, C/o Burnside High School, P O Box 29677, CHRISTCHURCH
Email: treasurer@nzacditt.org.nz