

NZAPEP Membership Application Form

New Zealand Association of Private Education Providers

Renewal of Membership <small>(please tick)</small>		New Membership <small>(please tick)</small>		Affiliate Membership <small>(please tick)</small>	
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Date						
Organisation name						
Contact name						
Position Title						
Postal address						
Street Address						
Email				Web Site		
Phone	()		Fax	()		
No of equivalent full time students in the previous year						
<small>Note: This includes Youth, TOP, MoE Funded, International & self funded</small>						

1. **I agree** to abide by the NZAPEP Code of Ethics.
2. **I agree** to provide in a timely manner non -commercially sensitive statistical information and feedback as requested by the National Office for.
 - a. Sector research data used for enhancing the role and continued participation of PTEs in the tertiary education sector to the Government and Government agencies
 - b. Information that may be used to form the basis of various submissions, construct arguments or find compliance solutions in answer to Government strategies, papers, Acts, reports etc
 - c. Appropriate case studies of experience of PTE issues where relevant
3. **I approve** the release of my contact details to the members to assist in networking of the membership and communication of the group.
4. **I agree** to receiving by E-Mail, the Newsletter, PEPTalk, and periodic communications from NZAPEP.

Signature: _____

Full Name: _____

Date: _____

Please either post the completed form to NZAPEP, PO Box 6411, Te Aro, Wellington, E-Mail it to exec@nzapep.co.nz or fax it to 0800 692 737.

Once the completed form is received an invoice will be generated.