



APPLICATION FOR MEMBERSHIP

I wish to apply for membership of the Secondary Principals' Association of New Zealand Inc.

Full Name: _____ Preferred First Name: _____

Designation: _____

School: _____

School Address: _____

School Ph: _____ School Fax: _____

School Email: _____ Your Email: _____

School Website: _____

GST No 51-810-414		
Membership	600.00	
Plus GST	<u>75.00</u>	675.00
Optional Legal Cost Fund	250.00	
Plus GST	<u>31.25</u>	281.25
Membership fee and Optional Legal Cost Fund		<u>956.25</u>

I enclose a cheque for \$ _____ being payment for SPANZ Membership

The Privacy Act 1993

Information from this form will be used by the Secondary Principals' Association of New Zealand to compile and maintain a data base which may be published in the annual report or provided to sponsors for any legal purpose the Association may have.

I give my consent to my name, address, telephone number and other information forming part of a membership list which may be published or disclosed.

Applicant's Signature: _____ Date: _____

April 2009