



Membership Application 2008/2009

New Zealand Au Pair Association



Our organisation is applying for:

- Full
- Associate

Membership in the New Zealand Au Pair Association.

Full (trading) name of organisation: _____

Legal name (if different from above): _____

Short name (abbreviation/acronym): _____

Telephone: _____

Fax: _____

Email address: _____

Website: _____

GST number: _____

Primary contact name: _____

Title: _____

Email: _____

Phone: _____

Mailing address: _____

Street name: _____

City: _____

Po Box: _____

Country: _____

Billing address: _____

Street name: _____

City: _____



Po Box: _____

Country: _____

Legal registration address: _____

Street name: _____

City: _____

Po Box: _____

Country: _____

Type of organisation:

- For Profit
- Non-Profit
- Governmental
- Other: _____

Name and email address of CEO/Manager/President:

(i): _____

(ii): _____

(iii): _____

Number of employees

Full time Head office _____ Branch office _____

Part time Head office _____ Branch office _____

If your organisation is primarily or partly owned by another organisation (such as a parent organisation) please provide details here: _____



Please list the names of up to 5 other organisations which your company is a member of:

1 _____
2 _____
3 _____
4 _____
5 _____

How did your organisation hear about the New Zealand Au Pair Association?

Please list the type of activity that your company do/and/or buy and sell:

- Accommodation
- Activity holidays
- Adventure tours
- Au Pair Programme
- Discount cards
- Educational studies
- Events/festivals/conferences
- Family stays
- Financial services
- Individual tours
- Internships
- Language course/schools
- Secondary school university exchange
- Work Programmes
- Travel insurance
- Other: _____

Describe your core business: _____



Applicant declaration

I have read and understood the codes and conducts of the New Zealand Au Pair Association and hereby agree that my organisation will comply with the terms and conditions stated should our application for membership be approved.

I, declare that the information provided in this document is accurate and true.

I enclose all supporting document and the \$250 application fee.

Date (D/M/Y): _____

Name of authorised signatory: _____

Signature: _____

Checklist with required documents for your application:

Signed application form

Sample publication, promotional brochure, business cards etc

Application processing fee of \$250

*The application fee is non refundable

*If your application is approved the \$250 application fee will be credited to your account