



Shiatsu Practitioners Association Of Aotearoa,
New Zealand SPAA (NZ) Inc.

www.shiatsu.org.nz

Secretary@shiatsu.org.nz

10 Dorothy Rd Langholm , Waitakere City , 0604

APPLICATION FOR FULL MEMBERSHIP

(Applicant trained overseas)

NAME: _____

POSTAL ADDRESS: _____

HOME/CLINIC ADDRESS: _____ (If different from
Postal Address)

Phone: _____ Mobile: _____ Clinic: _____

Email: _____

DATE OF APPLICATION: _____

Shiatsu Training

NAME OF SCHOOL: _____

QUALIFICATION DOCUMENTATION: Please provide a copy of the following (In English)

Shiatsu Diploma

Verification of your qualification ; certificates, letters from your college/
teachers, providing information on your course content covered.
A breakdown of hours is required.

First Aid Certificate up to date

Are you/were you a member of any Shiatsu organisation? Yes ___ No ___

Shiatsu Association: _____

For full membership entitles you to

- **Full profile on the website www.shiatsu.org.nz**
- **Certificate of professional membership**
- **promotion , information about workshops, training, and additional information shared by other practitioners**
- **and a wonderful community to be apart of !**