



**Shiatsu Practitioners Association of
Aotearoa New Zealand SPAA (NZ) Inc.**

secretary@shiatsu.org.nz
www.shiatsu.org.nz

Postal address:
SPAA (NZ) Ltd, 10 Dorothy Rd
Langholm, Waitakere City,
0604

RENEWAL SUBSCRIPTION FORM
(Due by 31st March)

If your training hours are due this year you **MUST** return the completed form **WITH** your subscription form(Please remember to take a copy for your own records)

PRACTITIONER NAME.....

POSTAL ADDRESS.....

HOME/CLINIC ADDRESS
(if different from above).....

PHONE.....

Style of Shiatsu /shiatsu specialities

(info used for advertising purposes if you are a full member on [websitwww.shiatsu.org.nz](http://www.shiatsu.org.nz))

Also be on our mailing list for current news and opportunities to join up with other practitioners and for trade shows and workshops .

.....

.....

.....

SUBS FEES (please circle one of the following)

Professional Practitioner\$120 (\$90 if payment received before 30th April)

Associate / Student\$60 (\$50 if payment received before 30th April)

(discounted fee will apply if you are joining half way through the year)

Permission to provide information for referrals Tick ()

Form must be emailed to secretary secretary@shiatsu.org.nz

or postal address SPAA (NZ) Ltd, 10 Dorothy Rd Langholm, Waitakere City, 0604

Payment please via internet banking to ; 03-1513-0012941-00

Please put your surname in the ref and the word SUBS
