

NZChefs – Teachers Membership Form



Please print clearly

SCHOOL -

Name of School:	Phone:
Postal Address:	
Post Code:	

TEACHER ONE -

Surname:	First Name:	Mr. / Mrs. / Ms.
Phone H:	Phone B:	Mobile:
E-mail:	What levels do you teach:	

TEACHER TWO -

Surname:	First Name:	Mr. / Mrs. / Ms.
Phone H:	Phone B:	Mobile:
E-mail:	What levels do you teach:	

TEACHER THREE -

Surname:	First Name:	Mr. / Mrs. / Ms.
Phone H:	Phone B:	Mobile:
E-mail:	What levels do you teach:	

Secondary School Membership Fee - \$180.00 including GST per School.

Secondary School membership is open to Secondary Schools teaching students in the Culinary Arts and Hospitality. Up to three teachers may be included in the membership.

Payment has been made by direct payment to NZChefs Bank Account Date: ___/___/___

Cheque enclosed for \$ _____ Date: ___/___/___

Credit card number: _____

Type of Card: Amex, Visa, Diners, Master Card Expiry Date: _____

Name on Card: _____ Signature: _____

Please forward this completed form and payment to NZChefs National Office
If making payment electronically, please remember to scan this page and send to info@nzchefs.org.nz

National Office, New Zealand Chefs Association, P.O. Box 24 057, Royal Oak, Auckland 1345

P: 0800 692 433 F: 0800 692 432 E: info@nzchefs.org.nz