

Membership Application (teacher trainee)

This application form may also be completed online <https://www.ppta.org.nz/>



I am a:

☐

teacher trainee currently training to be a teacher at an education provider

☐

teacher trainee with a Limited Authority to Teach (LAT) working at a school*

First name(s)

Surname

Known as name (if different from above)

Teacher education provider (*or school if a LAT)

Course start date

Course finish date

Home address:

No. and Street

Suburb

Town/City

Post Code

Cell phone (or home)

Email (personal)

Additional information

Gender

☐ Female

☐ Male

☐ Gender Diverse

☐ Another Gender

Sign up for networks and interest groups

☐ Rainbow network

☐ Māori

☐ Network of establishing teachers

☐ Women's network

☐ Pasifika

Membership declaration

I _____ (your name) apply for membership of the NZ Post Primary Teachers' Association Te Wehengarua. I consent to the disclosure of the information given on this form to the authorised officers and agents of PPTA Te Wehengarua for access to membership benefits. This authority continues in force until I begin working as a teacher. There are no fees for members that are training as a teacher. I understand that a new membership application must be made for membership as a teacher when I start working at a school.

*Note that LATs that are earning a salary are required to pay a membership fee at a rate of 1% of their salary.

Signed _____

Date _____

Once completed, scan form and email to membership@ppta.org.nz or fold, seal and return (no stamp required).

Fold 1

PPTA Te Wehengarua
FREEPOST 103122
PO Box 2119
Wellington 6140

Fold 2

Seal here