

# Training Teachers Membership Application



Full explanations of all sections of this application form can be found in the pamphlet **Join PPTA Te Wehengarua** and in the **PPTA Constitution** available at [ppta.org.nz](http://ppta.org.nz). For more information call 0800 630 400.

---

Given name(s)	Family name	
Preferred name <i>(if different from above)</i>		
Teacher education provider		
Course start date	Course finish date	
Home address:	Street	
	Suburb	Town/City
Home phone	Cellphone	
Email		

## Additional information

Gender  Female  Male  Another:

## 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. I understand that a new membership application must be made for membership as a teacher.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

*Office use*

Processed date:

Card No \_\_\_\_\_

Date financial:

Fold 1

---

PPTA Te Wehengarua  
**FREEPOST 103122**  
PO Box 2119  
Wellington 6140

---

Fold 2

Seal here