

# NZ PILATES PROFESSIONALS

## REGISTRATION FEES

If you are paying by Direct Debit you may elect to pay your fee in 2 instalments.

The first payment of 50% will be processed with your application and the second instalment of 50% will be processed 60 days after the first instalment.

Please indicate on the Direct Debit form which payment option you prefer.

PLEASE TICK THE APPROPRIATE CATEGORY

<b>CERTIFIED PRACTITIONER</b>  A practitioner who has attended their course and sat and passed their certification examination  (Please provide photocopies of Certifications)	\$20 (gst incl.)1 YEAR	
	\$35(gst incl.) 2 YEARS	
<b>PROVISIONAL PRACTITIONER</b>  A practitioner who has completed their course but not sat their certification examination.  (Please provide photocopies of attendance certificates)	\$15(gst incl.)1 YEAR	
<b>UPGRADE TO CERTIFIED PRACTITIONER</b>  A practitioner who has had provisional practitioner status and passes their certification examination upgrading to Certified Practitioner Status  (Please provide photocopies of Certification)	\$10(gst incl.)1 YEAR	
<b>PRACTITIONER AND STUDIO LISTING</b>  (This fee applies if you are a provisional or certified practitioner and would like to list your studio )  (Please provide copies of attendance certificates or certifications)	\$50(gst incl.)1 YEAR	
	\$90(gst incl.)2 YEARS	
<b>STUDIO LISTING</b>  If you are already a registered NZ Practitioner and would like to list your studio.	\$35(gst incl.)1 YEAR	
	\$65(gst incl.) 2 YEARS	

**Instalment Payment only available for Direct Debit and Credit Card**

Payment Method: (PLEASE CIRCLE PAYMENT OPTION)

**Cheque**

**Internet Payment**

**Direct Debit (one payment)**

**Direct Debit (2 payments)**

**Credit Card (one payment)**

**Credit Card (2 payments)**

Please note for credit card payments there is a 2% commission charge.

**INTERNET PAYMENT: please put name on this for reference**

**NZ Pilates Register Bank Account Number: 12 3053 0502980 01**

Credit Card : ( **Mastercard / Visa** )

Credit Card Number:

Expiry Date:

CONTACT :NZPR

Email: **admin@nzpilatesregister.co.nz**

Phone: 09 4789090 Fax: 094789084

SEND OUR LINK TO OTHER PILATES INDUSTRY PROFESSIONALS:

[www.nzpilatesregister.co.nz](http://www.nzpilatesregister.co.nz)

NAME:
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CONTACT ADDRESS: (Street)	
(Suburb)	
(Town)	
(Postal Code)	
EMAIL :	
PHONE : (Home)	
(Mobile)	
STUDIO NAME:	
STUDIO ADDRESS: (Street)	
(Suburb)	
(Town)	
(Postal Code)	
PHONE : (Work)	
(Fax)	
WEBSITE ADDRESS:	

PILATES CERTIFICATION COURSE S COMPLETED:

(Please tick on the form whether your registration is provisional or certified and send copies of your current certifications or course attendance certificates with this form)

OTHER QUALIFICATIONS: (E.G physiotherapy, osteopathy, chiropractor, sport science degree)