



ALTERNATIVE EDUCATION NATIONAL BODY  
TE MATA O TE HERE OO TE MATAURANGA KEE

## Alternative Education National Body Registration for Membership / Invoice Form FOR NEW MEMBERS ONLY (Not GST Registered)

Organisation's Name: \_\_\_\_\_

Address: P.O Box / Street \_\_\_\_\_

Town / City \_\_\_\_\_

Region \_\_\_\_\_

Phone Number: (0\_\_\_\_)\_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

AE Managing School(s): \_\_\_\_\_

Base School Contact Person(s): \_\_\_\_\_

*The AENB can be asked by other stakeholders for AE Providers addresses to distribute information.*

Can we share your address with any stakeholders? YES / NO

Would you prefer the AENB to distribute information and keep you address confidential?  
YES / NO

Membership Description	Fee	Total Student Numbers	Total Membership Amount
Associated Member	\$35.00 per year		
AE Provider	\$10.00 per AE Contracted Student		
AE Base School	\$5.00 per AE Contracted Student		

**All Payment Addressed to: Alternative Education National Body**  
C/- Trish Morgan  
55 Brookfield Lane  
RD1 Wainuiomata  
Wellington

**For Administration Purpose:**

Membership Fee Received: Yes / No      Date: \_\_\_\_\_

Receipt Sent to Provider:                      Yes / No      Date: \_\_\_\_\_

AE Region: \_\_\_\_\_

AE Data Base Up-dated:                      Yes / No      Date: \_\_\_\_\_