

Non Exercise Staff Associate Membership to REPs

Individual Details

First Name		Last Name	
Address			
Phone (home)		Phone (work)	
Phone (mobile)		Date of birth	/ /
Email address (ESSENTIAL)		Can you speak Te Reo?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is your ethnicity: New Zealand Maori New Zealand Non-Maori Other

IMPORTANT

In completing this form you are applying for access to information from REPs, as well as access to REPs discounts. **This does NOT mean you are registered with REPs.** If you undertake exercise advice or demonstration then you should not use this form, and instead register with REPs in the normal way by completing a Registration Application form.

You can not have this type of membership if you are an exercise professional¹ (i.e. you give out exercise advice or demonstration) in doing so this would mean you would be breaking the REPs code, and would result in you being unable to ever register with REPs.

Associate membership is open to the following type of persons (please tick one and provide details)

- Student/ Lecturer studying/teaching exercise. Institution: _____
- Government Agency with an interest in exercise. Agency Name: _____
- Non exercise staff working at a Registered Exercise Facility. Name of Facility: _____
- Health Professionals with an interest in exercise. Your profession: _____

(1) The only exceptions to this are:

- if you are a lecturer teaching exercise, and giving exercise advise/demonstration in your teaching capacity
- if you are a registered health professional in which you prescribe/demonstrate exercise for rehabilitation only .

What you will receive from REPs

- A confirmation letter when we process your application
- The same communication a Registered Exercise Professional Receives, including email updates
- Access to REPs discounts

What you will NOT receive from REPs

- A registration card, or a registration certificate.
- The ability to be regarded as "Registered" for the purposes of REPs Registration of Facilities

Payment Details

Tax Invoice once paid GST # 85-859-579

Fees are \$45+GST (\$50.62) per year or \$22.50+GST (\$25.31) for a 1/2 year

Please select one

- The date now is between 1 October and 31 March: **\$50.62**
- The date now is between 1 April and 30 September: **\$25.31**

NB: In all cases, your membership runs from when your application is processed until 30 September.

Please select Payment Method

- Please find enclosed cheque OR
- charge my credit card - Visa MasterCard

Card Number _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Name on Card: _____ Expiry Date /

I authorise REPs to charge my credit card with \$ _____

Signature: _____ Date: / /

I wish to apply to REPs for associate membership

I agree:

- All information provided on this form is accurate
- That I am not a Registered Exercise Professional, and will not claim to be one. I give permission for REPs to disclose this if asked by a third party
- That I give REPs permission to contact any third party to verify any details on this form
- Once I have applied for associate membership, refunds are not given

Signature

/ /
Date

Forms/Individuals Application - Non Exercise

