

**ASSOCIATION OF INTEGRATED SCHOOLS
AOTEAROA, NEW ZEALAND**



APPLICATION FOR MEMBERSHIP

Name of School: _____

Physical address of School: _____

Postal address of School: _____

School phone number: _____

School website address: _____

School email: _____

Special Character: _____

1. Proprietor:

Name: _____

Phone number: _____

Email address: _____

2. Principal:

Name: _____

Phone number: _____

Email address: _____

3. Bursar/Business Manager:

Name: _____

Phone number: _____

Email address: _____

4. BOT Chairman:

Name: _____

Phone number: _____

Email address: _____

Please nominate primary point of contact for AIS in your School (eg 1, 2, 3, 4) _____

We hereby apply for membership of the Association of Integrated Schools New Zealand.
Having read and being in full agreement with the Constitution, we will uphold and fulfill the aims
of the Association.

Signature: _____

Position: _____

Date: _____

This application is endorsed by the following member of the Association

Please complete this form and return as soon as possible to:
AIS NZ, c/o 30 Acacia Avenue, Christchurch 8041
OR EMAIL TO - info.aisnz@gmail.com or mlarson.aisnz@gmail.com Thank you!