

FLORAL ART NEW ZEALAND INC.

ONLINE UNIT REGISTRATION FORM

When making an application to the Education Committee for approval please complete this form and forward it with all relevant information to the Education Committee Unit Secretary.

Applicant's Name: _____

Address _____

Phone _____ Mobile _____

Email _____

Area/Club _____

Proposed Unit Demonstrators Unit

Registration \$30

Course Fee TBA

Test Fee _____ Total paid on registration _____

Applicants must be a financial member of a FANZ Inc. Floral Art Club/ Group.

For Direct Credit FASNZ Inc. Account no. 03 0474 0493062 00

Particulars	Code	Reference
Your Name	Online DM	2026

Follow up with an email to the FANZ Inc. Treasurer treasurer@fasnz.org.nz

Send the registration form to the Course convenor Francine Thomas / Annette Waller

No refunds except under extenuating circumstances.

Applicant's signature _____ Date _____

Convenors Name: Annette Waller

Address: Stoneyhurst 633 Tripp Settlement Road, RD21, Geraldine 7991

Phone Number: 0274413013

Email: anbwaller@xtra.co.nz