



## SAASIA Registration Form 2024 - 2025

Please ensure you read and complete each question in its entirety to ensure processing of your registration is not delayed.

9 Email *	
10 Contact Numbe	er*
	Skip to question 20
Complete for	Centres/Aoga Amata
Complete for  11 Name of Centre	Centres/Aoga Amata
11 Name of Centre	Centres/Aoga Amata (Choose one answer)
11 Name of Centre	(Choose one answer)
11 Name of Centre  12 Language Status      Full immer     Bilingual     Other	(Choose one answer)

ur centre/aoga amata.	
Eg. We have 100 childre	enrolled at your centre/Aoga Amata, and what are their ethnicities? en registered and the ethnic makeup is ish: 20%, Māori: 10%, Cook Island: 10%.
7 Centre Main Email *	
3 Office Number *	
	act (full name, email address, and mobile phone number):

**Question 20** 

## **PAYMENT FOR REGISTRATION**

All registrations will be acknowledged by email as soon as registration payment is confirmed.

Registrations must be paid online to SAASIA Incorporated, Account Number: **010154-0148200-00** ensure the REFERENCE IS: **Member**. Please upload a screenshot of the payment, ensure we can see the date transaction and the amount.

Once we receive this information we will send a conformation of your membership by email with a receipt. If you have any further questions please contact **talofa@saasia.org**.