



Co-op Opportunities

Join Visique

Please fill in the form below to receive more information on becoming a Visique member

Your name: _____

Your phone number: _____

Your email address: _____

Practice location:
(eg, Ponsonby, Auckland) _____

Secondary location:
(ie. If you have multiple practices) _____

Who or what referred you to Visique:
(eg. Google, YouTube, person's name) _____

Other relevant details: _____

Please return your application form via fax to: +64 9 306 7892 or email: enquiries@visique.co.nz

Or return via post to:
Visique Members Company Ltd
PO Box 106-912
Auckland City 1143, New Zealand