



THE INTERNATIONAL AROMATHERAPY & AROMATIC MEDICINE ASSOCIATION

(Post to PO Box 5058, BRASSALL, QLD, 4305)

APPLICATION FOR INTERNATIONAL IAAMA MEMBERSHIP

The IAAMA Membership Year is 1 May to 30 April.

Membership Fees are due and payable on or before 30 April each year.

Page 1 – Applicant Details

Surname:	Given Names:
Title: Mr Ms Miss Mrs Other (Please state)	Date of Birth:
Phone:	Mobile:
Email:	
All members are automatically subscribed to IAAMA ENews <input type="checkbox"/> Please tick if you DO NOT wish to Receive IAAMA ENews	

Personal Address: (Not PO Box)	Postal Address: <input type="checkbox"/> Tick if same as Personal address
Street:	Street/PO Box:
Suburb/Town:	Suburb/Town:
State: Postcode:	State: Postcode:
Country:	Country:

INTERNATIONAL MEMBERSHIP LEVEL APPLIED FOR:
<input type="checkbox"/> Professional Member (Practicing Aromatherapist) IAAMA Approved Qualification in Aromatherapy required
<input type="checkbox"/> Associate Member (Not Practicing Member) Qualification Not Required; Page 2 not required
<input type="checkbox"/> Include Teaching Status – Professional Memberships Only

OTHER MEMBERSHIP

Have you held membership with IAAMA in the past? If so please provide:

Membership Level/Number:		Period of Membership:	
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Current or Previous Membership with other Association/s:

HOW WILL MEMBERSHIP BENEFIT YOU AND IAAMA?

APPLICATION PROCESS

- This application is the first step in becoming a member of IAAMA. It is essential that this application is fully completed and all documentation certified as required.
- Your application will be reviewed and assessed by the IAAMA National Council in accordance with the IAAMA membership requirements (subject to change as determined by IAAMA) at the time of application.
- Requirements vary with the level of membership applied for.
- **If your application is incomplete, has missing information, or non-certified documentation, approval and processing of your membership will be delayed.**

Page 2 – Clinic/Practice Details & Documentation – Professional Member

1: DETAIL OF COURSE COMPLETED

Course Provider:	
Address:	
Course Code:	
Course Name:	
Date Course Completed:	

2: CLINICAL EXPERIENCE – Please include with this application a resume of your clinical aromatherapy experience.
For new graduates, please provide a one page reflection of your experiences during your student clinic.

3: CLINIC/PROFESSIONAL PRACTICE DETAILS – NOT PO BOX – Please provide these details for each additional clinic location.

Business Name:		
Website/Email:		
Street:	Phone:	
Town:	Mobile:	
State:	Postcode:	Country:
Include in IAAMA "Find an Aromatherapist" Listing: Yes No <i>(Professional Members Only)</i>		

IF PROFESSIONAL INSURANCE OR FIRST AID IS APPLICABLE IN YOUR COUNTRY:

4: PROFESSIONAL INDEMNITY INSURANCE – Certificate of Currency must specifically state Aromatherapy included

Insurance Company:	
Period of Insurance:	
Amount of Cover:	

OR

I agree to take out Professional Indemnity Insurance cover, as described above, upon acceptance as an IAAMA member and provide a copy of the insurance certificate of currency within 28 days of application being accepted.

Applicant's Signature:	Date:
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Include a copy of your Insurance Certificate with this application.

5: FIRST AID

First Aid Course Provider:	
First Aid Certificate Awarded Date:	

Include a copy of your First Aid Certificate with this application.

6: REQUIRED FOR TEACHERS OF AROMATHERAPY APPLYING FOR TEACHING STATUS ONLY

Teaching Qualification Code & Name:	
Date of Qualification:	
Do you teach aromatherapy at a school?	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you teach HLT52315? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you teach other Aromatherapy courses at the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the School where you teach?	
Contact Person & Phone Number of School:	
School Address:	
Do you deliver your own aromatherapy training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a description of the training course/s you provide. Include the venue and a description of the venue & facilities available.

MEMBERSHIP DECLARATION

I, _____ (name of person making declaration),
make the following declaration:

1. I am the person named in this declaration.
2. This membership application is made on the basis of the truth and correctness of all information supplied.
3. I have not had my name suspended or removed from any register, professional association, health fund or other authority for any misconduct, transgression, offence, fraudulent activity or any other reason.
4. I understand that membership renewal is subject to the provision that all claims, actions, circumstances and events which could, or does, result in any claims being made or any actions taken against myself, must be reported immediately to the IAAMA.
5. I acknowledge that the IAAMA may, in its absolute discretion, grant or refuse membership without assigning any reason.
6. If accepted as a member of the IAAMA, I agree to be bound by the Constitution, Code of Ethics, Code of Conduct and regulations established from time to time by the IAAMA.
7. I declare that I am able to communicate in English both orally and in the written form.
8. Aromatherapy qualification practical and clinical studies are completed face-to-face, on campus, under the supervision of a fully qualified teacher of aromatherapy.

APPLICANT SIGNATURE: _____

Date: _____

WITNESS SIGNATURE: _____

Full Name (Print): _____

School or Address: _____

Date: _____



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IMPORTANT INFORMATION FOR APPLICANTS

CHECKLIST (to ensure your application is fully completed)

All Applications	Professional Applications
<input type="checkbox"/> Application form fully completed	<input type="checkbox"/> Copy of Qualifications
<input type="checkbox"/> Membership Declaration completed	<input type="checkbox"/> Resume of clinical experience
<input type="checkbox"/> Correct membership fee included	IF APPLICABLE IN YOUR COUNTRY: Copy of Professional Insurance Certificate Copy of First Aid Certificate
<input type="checkbox"/> Cheques/Money Order made payable to IAAMA	
<input type="checkbox"/> POST original form, declaration and documents	If applying for <input type="checkbox"/> Copy of Teaching Qualification Teaching Status: <input type="checkbox"/> Course Description (if applicable)

ANNUAL MEMBERSHIP FEES (by Level)

The fees below are payable when submitting an application for membership.

ANNUAL Membership Fee payable on application

	\$AUS
Professional Member (Practitioner Level)	\$260
Associate Member (Non-Practicing Level)	\$110
If Teaching Status required – ADD Teaching Status Fee to Professional Membership Fee	\$44

Administration Fee payable on application

Non-refundable Administration Fee (add to Appropriate Membership Fee above)	\$50
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PAYMENT (Do not send cash)

<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Credit Card
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Annual Membership Fee (from Table above)	
PLUS Non-refundable application fee	\$50.00
TOTAL:	

DIRECT DEPOSIT ACCOUNT DETAILS:

Account Name: International Aromatherapy & Aromatic Medicine Association Inc (IAAMA)

Westpac Bank BSB: 03 2062 Account No: 301 235 Reference: *SurnameFirstname*

SWIFT CODE:WPACAU2S (Bank Branch Address: 168 Burwood Road, Burwood, NSW, 2134)

CREDIT CARD DETAILS

Credit Card Number: _____ / _____ / _____ / _____ Expires: ____ / ____

CCV Number (last three numbers on reverse of card) ____ / ____ / ____

Cardholders Name:	Signature:
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This page will be securely destroyed after your payment is processed.