

## ASSOCIATE MEMBERSHIP APPLICATION (FRIEND)

Please note Friend Membership runs from 1<sup>st</sup> January to 31<sup>st</sup> December each year

(office use only F.....)

Please print clearly in capital letters

First name: ..... Surname: .....  
.....

Address: .....

Suburb: ..... State: ..... Postcode: .....  
.....

Country: .....

Telephone home: (.....) ..... work: (.....) .....  
.....

Mobile: ..... Email: .....  
.....

Occupation: .....  
.....

Reason for joining the IAAMA: .....

### ASSOCIATE (FRIEND) FEES:

	<u>Full Year</u>	<u>Half Yearly</u>
<b>Australia</b>	\$54.55 \$ <u>5.45</u> (GST) <b>\$60.00</b>	\$27.27 \$ <u>2.73</u> (GST) <b>\$30.00</b>
<b>Overseas</b>	<b>\$100.00</b>	<b>\$50.00</b>

I enclose my: (circle payment method) Cheque / Money Order / Credit card for \$.....  
Please make cheque payable to the **International Aromatherapy & Aromatic Medicine Association**

Please charge this fee to my: (circle one card) Mastercard / Visa / Bankcard

Card number: ..... Expiry date: ..... / .....

Name on Card: .....

Cardholder signature: .....

Return to: **IAAMA, PO Box 215, Burwood NSW 1805, Australia**