

# APPLICATION FOR FULL MEMBERSHIP

Full membership runs from 1<sup>st</sup> January to 31<sup>st</sup> December inclusive  
and is renewed each year in January.

(Office use only M.....)

*Please print clearly in capital letters*

First Name: ..... Surname: .....

Postal Address: .....

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

Country: .....

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

Mobile: .....

Practice Name: .....

Practice Address: .....

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

...

Country: .....

Practice Phone: (.....) ..... Fax: (.....) .....

Email: .....

## DOCUMENTATION REQUIRED FOR FULL MEMBERSHIP:

All copies of your documents (Certificates and Diplomas) **must be certified by an authorized person** (as per Application instructions) stating that they are a copy of the original.

Aromatherapy qualifications: (office use only C...../ Other Graduated ...../...../.....)  
Certified copy of Certificate IV or Diploma plus your Academic Transcript if you studied at a non IFA accredited course.

Current First Aid Certificate Senior / Level 2 qualifications (office use only Expiry ...../...../.....)

Current Certificate of Currency from your Insurance Company covering Professional Indemnity and Public Liability for the practice of aromatherapy & blending essential oils.  
(office use only ..... Expiry ...../...../.....)

Additional Modalities.

Should you have full qualifications in other modalities relevant to Aromatherapy, please enclose documentation eg Nurse, Remedial Massage, Beauty Therapy etc. Please list other relevant associations.

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**DECLARATION:**

I have read and agree to abide by the IAAMA Code of Ethics, IAAMA Code of Practice, to uphold the Constitution and promote the professional practice of Aromatherapy. As a Full member, I agree to obtain 20 OPDs (ongoing professional development) points (Australian residents only), renew my insurance and first aid certificate (if applicable), send to the office updated documents as they are renewed and to keep the association informed of any changes of address or contact details.

Signature: ..... Dated: .....

- Please add my details to the IAAMA website
- Please include my details on the IAAMA Full Membership Directory (*members only section*)

Signature: ..... Dated: .....

**PAYMENT:**

	<u>Full Year</u>	<u>Half Yearly</u>
<b>Australia</b>	\$195.00	\$ 97.50
	<u>\$ 35.00</u> (one-off application fee)	<u>\$ 35.00</u> (one-off application fee)
	<b>\$230.00</b>	<b>\$132.50</b>
<b>Overseas</b>	\$235.00	\$117.50
	<u>\$ 35.00</u> (one-off application fee)	<u>\$ 35.00</u> (one-off application fee)
	<b>\$270.00</b>	<b>\$152.50</b>

I enclose my: (*circle payment method*)      Cheque / Money Order / Credit card for \$.....

Please make cheques payable to **International Aromatherapy & Aromatic Medicine Association Inc**

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**