

# IAAMA STUDENT MEMBERSHIP APPLICATION

(Office use only S.....)

*Please print clearly in capital letters*

First Name: ..... Surname: ..... (M / F)

Postal Address: .....

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

Country: .....

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

.....

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

.....

Name of college at which you are presently studying: .....

.....

Name of course: .....

.....

IAAMA course registration number: C..... Non IAAMA course: Other

- Please enclose a photocopy of your current enrollment in an aromatherapy course.
- Students may renew their membership on evidence of their continuing studies.

## STUDENT MEMBERSHIP FEES:

<b>Australian</b>	\$45.45	<b>Overseas</b>	<b>\$90.00</b>
	\$ <u>4.55</u> (GST)		
	<b>\$50.00</b>		

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

Please make cheques payable to the **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**