



APPLICATION FOR ACCREDITED (FULL) MEMBERSHIP

Renewal date is 30 April each year and membership is current for 12 months

(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 or Clinic Address:

Suburb: State: Postcode:

Country:

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

Email:

**By providing an email address you agree to receive electronic communications from the IAAMA.*

Website:

DOCUMENTATION REQUIRED FOR ACCREDITED MEMBERSHIP:

All copies of your documents (Certificates and Diplomas) **must be certified true copies** of the original.

- Aromatherapy qualifications: (office use only C...../ Other Graduated/...../.....)
 - Certified copy of Certificate IV or Diploma AND your Academic Transcript

NOTE: Cert IV from the HLT07 (2007) Training Package is not recognised as Accredited (Full) Members and can apply for Associate Membership.
- 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 and blending essential oils.**
(office use only Expiry/...../.....)

