



ASSOCIATE MEMBERSHIP APPLICATION

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

(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>
Australia	\$60.00
	\$ <u>6.00</u> (GST)
	\$66.00
Overseas	\$80.00

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**
Phone: 02 9715 6622 Fax: 02 9715 5922