



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.
- Students will receive a copy of the IAAMA journal Simply Essential three times a year.

STUDENT MEMBERSHIP FEES:

	Australian	Overseas
Student Fee	\$20.00	
GST	\$ <u>2.00</u>	
Total	\$22.00	\$40.00

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

Please make cheques payable to **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