AUSTRALIAN HOMOEOPATHIC ASSOCIATION

*Similia ♦ Similibus ♦ Curantur*

ARBN 077 464 101
ABN 94 077 464 101
www.homeopathyoz.org

# Membership Application 2016-2017

The membership year runs from 1 July 2016 to 30 June 2017. Please complete and return this form with all required documentation and payment to the appropriate branch address listed below.

PRIVACY: The Association collects personal information in order to maintain a register of members. This information will not be disclosed without the member's prior consent. All members have right of access to their information and are obliged to notify changes.

## Section 1: Applicant Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other Gender: Date of Birth:

First Name: Middle Name: Surname:

Street Address: Postcode:

Postal Address: Postcode:

Telephone: Mobile: Fax:

Email:

☐ Please tick if you DO NOT grant permission to the AHA to contact you by email.

☐ Professional members: please tick if you DO NOT grant permission to the AHA to update AROH with any changes to your contact, clinic, insurance or first aid certificate details in the case that you notify the AHA of such changes.

In the event of my admission as a member, I agree to be bound by and observe the provisions of the Association's policies and by-laws. I declare that I have not been convicted of an indictable offence and I am not insolvent.

In the case of Professional membership, I declare that I do not have an impairment that affects my ability to practise in the profession. I agree to be bound by the AHA's Code of Professional Conduct (CoPC), as published on the AHA website: www.homeopathyoz.org, and by the Australian laws and provisions regulating CAM professions, including those formulated by the Therapeutic Goods Administration (TGA) as published on the TGA website. I acknowledge that in the event of professional conduct issues arising in respect to breaches of the AHA CoPC, or any of the above, disciplinary action or deregistration by AROH, or complaints made against me, I will be subject to the AHA's complaints and disciplinary procedures and penalties that may be imposed.

I certify that the information supplied by me in this membership application is true and correct:

Signature: Date:

## Section 2: Payment Details

Annual Membership Fees (including GST) for year ending 30 June 2017

| | **Full Year** | **From 1 Jan 2017** |
|---|---|---|
| Professional member application fee (non-refundable): | $44 | $44 |
| Professional Member | $340 | $170 |
| Professional Member (1st year AROH reg.) | $216 | $108 |
| Professional Member (2nd year AROH reg.) | $260 | $130 |
| General Member | $175 | $88 |
| CAM Student with Similia/newsletter hard copy* (see Section 3) | $60 | $30 |

Please debit my Credit Card: ☐ Mastercard ☐ Visa ☐ AMEX Amount: $

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐ 3-digit Security Code: ☐☐☐

I have enclosed a Cheque/Money order for amount: $ (payable to: "AHA Inc") OR

Cardholder Name: Signature:

**NSW**
2 Hammond Street
Bellingen, NSW 2454

**Qld**
PO Box 300
Toowong, Qld 4066

**SA**
2 Larch Street
Dernancourt, SA 5075

**Vic**
2/247 Bluff Road
Sandringham, Vic 3191

**WA**
980 Margaret Rd,
Hovea, WA 6071

# Section 3: Applicants for General or Student Membership

☐ *CAM Student: I enclose a copy of this year's receipt (or a letter of enrolment) from my college as evidence that I am currently a student of a CM modality. For FREE online Student membership please apply online.

I am studying ☐ on / ☐ off campus / ☐ using a combination of both on and off and expect to complete my studies in (modalities): ______________________ by: ______________ (year & month if known).

☐ I hold qualifications in homœopathy from: ______________________ (institution)

☐ I intend to apply for Professional membership during the current period.

☐ Other qualifications (please state): ______________________

# Section 4: Applicants for Professional Membership

I am an existing Student/General Member & I want to upgrade: ☐ Yes ☐ No

Applicants are requested to provide:

☐ Copy of your registration certificate from the Australian Register of Homœopaths (AROH) as evidence of current registration.

☐ Copy of homœopathic qualification.

☐ One passport photograph endorsed by a Professional member or a Certifying Officer.

☐ A one-off non-refundable Application Fee of $44 (GST inclusive), plus the relevant membership fee.

### Education & Qualifications:

Homœopathic education was by means of:

☐ Institution: ______________________ Date completed: ______________

☐ Other: ______________________

☐ Other relevant qualifications: ______________________

### Professional Members (Registered with AROH)

☐ I request that my clinic details be included on the AHA website & referral listings for access by medical funds or the public.
NOTE: Clinic name and street address will not be published.

| Clinic 1 Details: | | Clinic 2 Details: | |
|---|---|---|---|
| Clinic Name: | | Clinic Name: | |
| Address: | | Address: | |
| | Postcode: | | Postcode: |
| Tel: | Mobile: | Tel: | Mobile: |
| Email: | | Email: | |
| Website: | | Website: | |

Fluency in non-English language(s): ______________________

Please enclose any further clinics on a separate blank page. There is no charge for listing multiple clinics on the AHA website.

# Section 5: Office Use

Branch: ______________________

Date approved/rejected: ______________________

Branch President: ______________________

### National Office:

AROH No. ______________________

AHA No. ______________________