



Membership Application

Please complete entire application, printing clearly and attaching copies of all documents referred to in checklist

Office Use Only
Membership No
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Send to: AAMT
Level 6, 85 Queen St
MELBOURNE VIC 3000

Type of membership applying for:

- Student
 Massage Therapist (Certificate IV)
 Remedial Massage Therapist (Diploma, Adv Dip, Degree)

Are you or have you ever been a member of AAMT?

- No Yes, member no

Applicant Details

Family name

Given names

Date of birth Sex M F

Address for correspondence

State:	Pcode:

Your contact numbers

Office hours

After hours

E-mail address

First Aid Expiry Date

Professional Indemnity/Malpractice Insurance Expiry Date – if current (you have 30 days from acceptance to provide details)

Clinic Details – Massage & Remedial Therapists

Do you want your Clinic details to be forwarded to Health funds? (to be issued a provider number you must answer yes!)

- Yes No

Do you want your Clinic details listed on Health Fund websites?

- Yes No

Do you want your Clinic details to be listed on AAMT's website?

- Yes No

Important: For clinic details to be forwarded to Health Funds and used for Public Referral, you must list a clinic address and telephone number. It can be the same as your correspondence address. Street addresses must be listed. **Note:** Post Office Boxes are not accepted.

Address 1

State:	Pcode:

Contact phone number

Address 2

State:	Pcode:

Contact phone number

Checklist (Do not forward original documents)

- Certified copy** of Massage Education Details - certificate or full transcript (For student membership, attach a **Certified copy** of a letter from your school confirming your enrolment)
 Copy of First Aid Certificate
 Copy of Insurance (if current)
 Certified copies of Two Written Character References (Referees must not be relatives, staff of your graduating college, members of AAMT Board or Divisional Committee)
 Statutory Declaration – signed, dated and witnessed (see over)

Membership Fees (subject to change)

All Prices are inclusive of GST

	TOTAL
Remedial Massage Therapist (RMT) - Diploma*	\$319
Massage Therapist (MT) – Certificate IV*	\$319
<small>*including current yearly membership fee of \$209 (inc GST) and once off non-refundable application fee</small>	
Student	\$55
Upgrade from Student to MT	\$264
Upgrade from Student to RMT	\$319

Payment Details

Payment Method Amount \$ _____

- Visa Master Card Cheque/Money Order

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry

Name on Card

Signature

Declaration and Agreement

I hereby apply for membership of the Australian Association of Massage Therapists Ltd (AAMT) and certify that to the best of my knowledge and belief, the information in this application is true and if elected to membership I undertake to abide by the Constitution, Code of Ethics, Standards of Practice and Policies of AAMT as may from time to time be in force. I understand AAMT may, in its absolute discretion, reject my application for membership without providing reasons. I undertake to contribute to the property of the Company if the Company is wound up, in such amount as may be required, but not exceeding one dollar (\$1.00).

- I agree to keep my Senior/Level 2 first aid and Malpractice Insurance current, and provide copies to AAMT when they are renewed.
 I agree to abide by AAMT's Continuing Professional Education (CPE) policy.

Signature

Date

Please allow up to ten working days from the date of receipt for your application to be processed.

Privacy Policy AAMT is committed to the protection of your personal information. Full details of AAMT's Privacy Policy can be found on our website www.aamt.com.au



Membership Application

- Statutory Declaration

① I
 (name and occupation)
 of
 (address)
 in the state of , Australia, do solemnly and sincerely declare as follows:
 (state)

TICK THE TRUE STATEMENT

I have not at any time been convicted of any criminal offence against a person in Australia or elsewhere;

OR I have been convicted of the following offences against a person: (please list)

- (a)
- (b)
- (c)

② I have not at any time been the subject of any disciplinary proceedings in Australia or elsewhere in relation to my occupation as a massage therapist and I make this solemn declaration by virtue of the Statutory Declarations Act 1959, and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Declared aton)

thisday of)

20..... before me:

Declarant's Signature

Witness' Signature

Declarant's Name (Print)

Witness' Name & Occupation Title (Print) - please see below information for qualified persons

Completing the Statutory Declaration

The following information is a brief guide to completing the statutory declaration attached. Please note that a person must not intentionally make a false statement in a statutory declaration. The possible penalty pursuant to the Statutory Declarations Act 1959 is imprisonment for 4 years.

1. Declarant Details & Execution
 Insert the full name, address and occupation of the person making the declaration.

Insert the location (eg Melbourne) where the declaration is made and the date (eg 30th day of August 2004).

The declarant and witness must sign where indicated and print their details underneath the signature. The witness' occupation must also be included.

2. Witness

The following are persons qualified to witness a Statutory Declaration pursuant to section 8(b) of the Statutory Declarations Act 1959.

2.1. Members of certain professions
 A person who is authorised under a law in force in a State or Territory to practise as a member of the following professions:

- (a) Chiropractor
- (b) Dentist
- (c) Legal practitioner
- (d) Medical practitioner
- (e) Nurse
- (f) Patent attorney
- (g) Pharmacist
- (h) Physiotherapist
- (i) Psychologist
- (j) Trade marks attorney
- (k) Veterinary surgeon

2.2. Other persons including, but not exhaustively, Justice of the Peace, Accountant, Teacher, Marriage Celebrant, Police Officer

Modalities – Skills, Experience & Services - Full Ordinary Members Only (please tick)

NOTE: By ticking box below, you are confirming you are qualified to deliver this service

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Functional Fascial Taping | <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Lomi Lomi Massage | <input type="checkbox"/> Myotherapy | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Bowen Therapy | <input type="checkbox"/> Hot Stone Massage | <input type="checkbox"/> Ortho Bionomy | <input type="checkbox"/> Structural Balance |
| <input type="checkbox"/> Corporate Massage | <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Postural Integration | <input type="checkbox"/> TC Massage |
| <input type="checkbox"/> Cupping | <input type="checkbox"/> Kahuna | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Thai Massage |
| <input type="checkbox"/> Deep Tissue Massage | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Reflexology | <input type="checkbox"/> Trigger Point |
| <input type="checkbox"/> Fascial Kinetics | <input type="checkbox"/> Lymph Drainage | <input type="checkbox"/> Reiki | <input type="checkbox"/> WorkCover |
| <input type="checkbox"/> Feldenkrais | <input type="checkbox"/> Mobile Service | <input type="checkbox"/> Rolfing | |