



INSTITUTE OF REGISTERED MYOTHERAPISTS OF AUSTRALIA

PO Box 300, Fitzroy Vic 3065.

P: 03 9418 3913 F: 03 9418 3931 E: irma@csso.com.au www.myotherapy.org.au

Membership Application – for period 1st July 2011 – 30th June 2012

Please tick the level of membership you are applying for:

	FEE
<input type="checkbox"/> Full membership (practicing Myotherapists with 21920VIC qualification or equivalent from an approved Registered Training Organisation)	\$ 315* GST incl
<input type="checkbox"/> New Graduate (Joining within 12 months of graduation)	\$ 215* GST incl
<input type="checkbox"/> Dip. Remedial Massage (completed Remedial Massage HLT50307, and enrolled in Adv. Dip of Remedial Massage/Myotherapy at an approved RTO) Interim - This membership level can only be held for a maximum of 2 years from date of completion.	\$ 215* GST incl
<input type="checkbox"/> Student (enrolled in Adv Dip of Remedial Massage/Myotherapy at an approved RTO)	\$ 30* GST incl
<input type="checkbox"/> Affiliate (qualified practitioners of an Allied Health discipline)	\$ 50* GST incl

*joining after July 1 – fees are pro-rata. Please call the IRMA Office for details

Use **BLOCK LETTERS** to fill in the information below.

If previously a member -

First Name: _____ Surname: _____ **Membership No:** _____

Home Address: _____ P/Code: _____

Date of Birth: _____ Email: _____

Phone: (H) _____ (M) _____

Tick the appropriate boxes for the questions below:

Are you currently, a member of another massage or complementary health association? YES NO
If yes to the above question, is your membership still current? YES NO Name the Association _____

Details in the following section are required of Interim and Full members only.

First Aid Provider (eg Red Cross): _____ Expiry Date: _____
(Workplace Level 2 certification is a minimum requirement, which must be updated every 3 years)
CPR (must be updated every 12 months) Provider: _____ Expiry Date: _____

Insurance (compulsory for practicing members, with the minimum cover for Professional Indemnity of \$10,000,000. Insurers require you to be a member of an Association before applying). Please write 'in process of applying' if waiting on your IRMA m'ship.

Insurer: _____ Policy Number: _____ Expiry Date: _____

Practice Details (to be placed in the IRMA Directory and used for referral purposes. Attach another sheet if more than 2 practices)

Practice Name 1: _____ Practice Name 2: _____

Address: _____ Address: _____

_____ P/Code _____ P/Code _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Website: _____ Website: _____

Do you wish for your mobile number to be listed in the practice directory? YES NO

Important: All new members must be approved by IRMA's Board of Directors. This approval takes place at the association monthly Board meetings. All New Applications are required to be returned to the IRMA Office by the first Tuesday of the month. New Applications will be processed upon approval within 14 working days.

IRMA membership checklist

Please note: All documentation provided by new applicants **must be certified** - all copies must be taken with the originals to a Police station, Chemist or JP and be stamped and signed as true copies of the original documents. Also, the declaration **must** be signed by the applicant and have a witness countersign. All required documents **must** be provided. Failure to do so will result in delay of acceptance by the Board.

Full membership:

- Certified** copy of graduation certificate (or letter from College)
- Certified** copy of extract of academic record
- Certified** copy of current level 2 First Aid certificate
- Certified** copy of current CPR certificate (if renewed in the last months)
- Certified** copy of current Insurance Certificate (If already in place. Insurance companies require you to be a member of an Assoc. before acceptance)
- Certified** copy of Drivers License or Passport
- Cheque/money order or credit card details

Student:

- Certified** letter of enrolment confirmation from your college
- Certified** copy of Drivers License or Passport
- Cheque/money order or credit card details

NB: For members who wish to upgrade their membership, a pro-rata fee may apply for the difference in membership fees. Please call the Office.

Remedial Massage: (Can only be held for 2 years max)

- Certified** copy of Remedial Massage qualification
- Certified** copy of extract of academic record
- Certified** copy of current level 2 First Aid certificate
- Certified** copy of current CPR certificate (If renewed in the last 12 months)
- Certified** copy of current Insurance Certificate (Insurance companies require you to be a member of an Assoc. before acceptance)
- Certified** letter of completion for the previous semester from your College
- Certified** copy of Drivers License or Passport
- Cheque/money order or credit card details

NB: All information relevant to your level of membership must be completed for your application to be processed. All appropriate documentation and payment must be provided. Failure to provide the correct information will result in your application being returned to you with a letter outlining what documents are required.

Declaration:

I (full name) _____ of (address) _____ whose signature appears below, declare that to the best of my knowledge I have met the requirements for membership as determined by the Board of Directors and in accordance with rules of Association. I further declare that I have not made any misrepresentation in application for membership, or my membership rights of the Institute. I understand that my application for membership is to be determined by the Board of Directors and that within 14 days of the meeting of the Board, I will be notified as to the result of my application. Thereby further I declare that in the event of my application being approved by the Board, I will abide by the Institutes Code of Ethics, Code of Practice and Rules of Association. I further declare that I have not undertaken to the best of my knowledge, nor will I undertake any activity which would be detrimental to the Institute or to the Myotherapy profession.

Applicant's Signature: _____ Date: _____

Witness: Name: _____ Signature: _____ Date: _____

Payment Method:

Please tick the appropriate method of payment: Cheque/Money Order Visa Mastercard

Credit Card No: _____ Name on card: _____

Expiry Date: _____ Amount: \$ _____ Cardholders Signature: _____ Date: _____

Please forward Application to: IRMA - PO Box 300 Fitzroy, Vic 3065

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OFFICE USE ONLY:

Processed MYOB: _____ Rec. No: _____

Database: _____ Amount Paid: _____