



MYOTHERAPY ASSOCIATION AUSTRALIA

Student Membership Application

Benefits:

- ✓ Free Membership While Completing Studies
- ✓ Regular Newsletters and eNewsletters
- ✓ Discounted Workshops and Seminars on the Latest Myotherapy Related Techniques
- ✓ Members Only Website
- ✓ Myotherapy Industry Discounts
- ✓ Extensive Job Vacancy Listings
- ✓ Industry Articles and Information
- ✓ Industry Networking

Use BLOCK LETTERS to fill in the information below

| | | | |
|-----------------------|--|-----------------|--|
| First Name: | | Surname: | |
| Home Address: | | | |
| Date of Birth: | | Email: | |
| Phone: (H) | | (M) | |

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|--|---|----------------------------------|--|
| I am currently studying the following modality: | <input type="checkbox"/> Myotherapy <input type="checkbox"/> Myotherapy/Bach of Health Science <input type="checkbox"/> Bach of Musculoskeletal Therapy | | |
| Course Provider: | | | |
| Student ID/Number: | | Expected Completion Date: | |
| Name of Course: | | | |

When you graduate as a Myotherapist you can apply for the New Graduate Membership level. Insurance is included as part of your membership (a considerable saving for you). **If you intend to work as a Remedial Massage Therapist whilst completing your studies to become a Myotherapist**, you need to apply for a Dip.Remedial Massage/Interim Membership level. Contact the MA Office on 03 9418 3913 or email admin@myotherapy.org.au

I hereby consent for MA to contact my course provider to prove that I am currently enrolled in the above course as a student

- I have not been convicted of a criminal offence in Australia or overseas
- I understand that the MA Board may grant or refuse my Student Membership without providing a reason
- I declare that for the duration of my membership I will abide by the Myotherapy Association Australia 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 Myotherapy Association Australia or to the Myotherapy profession

Applicant's Signature: _____ Date: _____

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| FORWARD YOUR APPLICATION TO: |  EMAIL: admin@myotherapy.org.au |  FAX: 03 9418 3931 |  MAIL: 200 Alexandra Pde FITZROY VIC 3065 |
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All enquiries to 03 9418 3913 e: admin@myotherapy.org.au Visit w: myotherapy.org.au

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| Office Use Only: | | |
| Date: | Approved by: | Student Member # |