

MYOTHERAPY ASSOCIATION AUSTRALIA

Membership Renewal Form - July 1, 2017 to June 30, 2018

Please tick the level of membership you are renewing:

- Full membership \$440** - Practicing Myotherapists with a qualification from a Registered Training Organisation (RTO) **Includes Insurance***
- Remedial Massage/Interim* \$340** - Completed Dip. Remedial Massage (HLT50307) and enrolled in Adv.Dip of Myotherapy or Bachelor of Health Science Myotherapy. **Includes Insurance***
*This membership can only be held 2 years from date of course completion
- Affiliate \$50** - Qualified Practitioners of an Allied Health Profession or as approved by the Board

**Please note that \$20 Million Professional Indemnity, \$20 Million Public Liability Insurance cover is included in the fee for full Membership and Remedial Massage/Interim Membership.*

Tick here if you require a Certificate of Currency

LATE FEE \$50 - payment of renewals received after July 15, 2017

Use BLOCK LETTERS to fill in the information below

First Name:	Surname:	Membership No.#
Home Address:		Postcode:
Date of Birth:	Email:	
Phone: (H)	(M)	Fax:



Declaration:

I, (full name) _____ of (address) _____ whose signature appears below, declare that I have not been convicted of a criminal offence in Australia or overseas punishable by law and hereby authorise Myotherapy Association Australia to make inquiries as necessary. I also 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 Myotherapy Association Australia. I further declare that I have not made any misrepresentation in renewal for membership, or my membership rights of the Myotherapy Association Australia. Thereby further I declare that in the event of my renewal being approved by the Board, I will abide by the Association's Code of Ethics, Code of Practice and Rules of Association. In regards to Health Funds, I declare that I will abide by their Terms & Conditions as set. 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 Association or to the Myotherapy profession.

Member's Signature: _____

Date: _____

PAYMENT METHOD	<input type="checkbox"/> Cheque/Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Credit Card Number: _ _ _ _ _	Name on Card:		
Expiry: _ _ / _ _	Amount: \$	Cardholders Signature:	Date:

FORWARD YOUR RENEWAL TO:	 POST: Myotherapy Association 200 Alexandra Parade Fitzroy VIC 3065	 Fax: 03 9418 3931	 Email: admin@myotherapy.org.au
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All phone enquiries to 03 9418 3913 Login to view your current member details at **W:** www.myotherapy.org.au

Office Use only

Date Processed MYOB:	Inv #:
Database:	Amount: Approved by: