

# New Membership Application Form

## MYOTHERAPY ASSOCIATION AUSTRALIA

### APPLICATION CHECK-LIST



PLEASE NOTE: Some items of listed documents below must be certified or witnessed before they are submitted (Copies to be certified or witnessed 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).

#### **FULL MEMBERSHIP:**

- Certified** copy of graduation certificate (OR Statement of Attainment OR letter of completion from your College)
- Certified** copy of Drivers License or Passport
- Statutory Declaration** (see attached) declaring no criminal record
- Certified** copy of extract of Academic Record
- Copy of current Level 2 First Aid certificate (HLTAID003)
- Cheque/money order or credit card details

#### **REMEDIAL MASSAGE: (Can only be held no more than 2 years)**

- Certified** copy of Remedial Massage qualification (OR Statement of Attainment OR letter of completion from your College)
- Certified** copy of Drivers License or Passport
- Statutory Declaration** (see attached) declaring no criminal record
- Certified** copy of extract of Academic Record
- Confirmation of enrolment** in Bachelor of Myotherapy or Adv.Dip.Myotherapy **OR** Statutory Declaration declaring intent to enroll within 12 months
- Copy of current Level 2 First Aid certificate (HLTAID003)
- Credit card details or Cheque/money order

Your membership with Myotherapy Association Australia includes automatic Insurance - \$20 million Professional Indemnity; \$20 million, Public Liability & \$20 million Products Liability with Guild Insurance. We have saved you the hassle of shopping around for a policy; updating annually - saving you around \$200!

Applications may be scanned & emailed - [admin@myotherapy.org.au](mailto:admin@myotherapy.org.au)  
Please attach documents separately. Or mail to:

**Myotherapy Association Australia**  
**200 Alexandra Parade,**  
**FITZROY VIC 3065**

# New Membership Application

## MYOTHERAPY ASSOCIATION AUSTRALIA

### for period 1<sup>st</sup> July 2018 to 30<sup>th</sup> June 2019

Please tick the level of membership you are applying for:

<input type="checkbox"/> <b>Full membership</b> - Practicing Myotherapists with an Australian qualification - Bachelor of Myotherapy; Bachelor of Health Science (Myotherapy) or (Musculoskeletal Therapy); Advanced Diploma Myotherapy (22248VIC or 22316VIC); Advanced Diploma Remedial Massage (Myotherapy) (21511VIC or 21290VIC)	<b>Includes Insurance+</b>	<b>\$495*</b>
<input type="checkbox"/> <b>Dip. Remedial Massage/Interim*</b> - Completed Dip. Remedial Massage (HLT52015/HLT50302/HLT50307) and enrolled or intend to enroll within 12 months in Adv.Dip of Myotherapy (22316VIC) or Bachelor of Health Science (Myotherapy). <i>This membership can be held up to 2 years from date of Remedial Massage completed</i> If you intend to enroll in a Myotherapy course, please complete Stat Dec and forward with your application.	<b>Includes Insurance+</b>	<b>\$395*</b>
<input type="checkbox"/> <b>New Graduate</b> - Joining within 12 months of graduation	<b>Includes Insurance+</b>	<b>\$395*</b>
<input type="checkbox"/> <b>Student</b> - Enrolled in Adv. Dip. of Myotherapy (22248VIC /22316VIC) or Bachelor of Myotherapy (COMPLETE THE CONTACT DETAILS AND DECLARATION SECTION ON THE BACK ONLY)		<b>FREE</b>
<input type="checkbox"/> <b>Affiliate</b> – Non-practicing Myotherapist or Qualified Practitioners of an Allied Health Profession or as approved by the Board		<b>\$85*</b>

\*If you are applying after June 2018, then pro-rata fees apply. Contact the Myotherapy Association for more details or check on our website.

Use BLOCK LETTERS to fill in the information below		
First Name:	Surname:	Membership No. (If a member previously)
Home Address:		Postcode:
Date of Birth:	Email:	
Phone (include area code): (H)	(M)	

<p><b>Tick the appropriate boxes for the questions below:</b>          Have you been, or are you currently a member of another massage or complementary health association? <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>If yes to the above question, is your membership still current?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Name of Association:</b></p>
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Complete this section only if you are an Interim or Full Member:	PROVIDER	EXPIRY DATE
<b>First Aid</b> (e.g. Red Cross) - Applied First Aid certification (HLT AID003) is a minimum requirement, which must be updated every 3 years		
<b>+Insurance</b> Included as part of your membership - \$20 million Professional Indemnity; \$20 million Public Liability & \$20 million products liability cover  A Certificate of Currency will be issued upon membership renewal payment.	<b>Guild Insurance</b>	<b>30/06/2019</b>

YOUR PRACTICE DETAILS		To be placed in the Myotherapy Association Directory and used for referral purposes. Attach another sheet if you have more than 2 practices.	
Practice 1		Practice 2	
Practice Name 1:		Practice Name 2:	
Address:		Address:	
P/code:		P/code:	
Phone:	Fax:	Phone:	Fax:
Mobile:		Mobile:	
Email:		Email:	
Website:		Website:	
Have you had a Medibank provider number issued for this practice previously? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you had a Medibank provider number issued for this practice previously? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you wish for your mobile number to be listed in our practice directory? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**IMPORTANT:** New Applications will be processed upon approval within 5-7 business days.

**The declaration below must be signed by the applicant. All required documents must be provided. Failure to do so will result in delay of your renewal. For continuation of Health Fund recognition, your renewal MUST be received prior to expiry date.**

**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 my application for membership, or my membership rights of the Institute. Thereby further I declare that in the event of my application being approved by the Board, I will abide by the Association's Code of Ethics, Code of Practice and Rules of Association. In regard 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 Myotherapy Association Australia (formerly IRMA) or to the Myotherapy profession.




**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AMEX and DINERS cards not accepted**

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

**If joining between August and April a PRO-RATA FEE will apply. \$ \_\_\_\_\_**  
Contact us if requiring a PRO RATA calculation.

<b>FORWARD YOUR APPLICATION TO:</b>			
	<b>Email:</b> <a href="mailto:admin@myotherapy.org.au">admin@myotherapy.org.au</a>	<b>Fax:</b> 03 9418 3931	<b>POST:</b> Myotherapy Assoc. Australia 200 Alexandra Parade Fitzroy VIC 3065

All phone enquiries to 03 9418 3913 Visit **W:** [www.myotherapy.org.au](http://www.myotherapy.org.au)

**Office Use only**

Date Processed:	Inv #:	Approved By:
Database:	Amount: \$	

**\*\* Please complete the Declaration and send together with your application form\*\***

Commonwealth of Australia

## STATUTORY DECLARATION

*Statutory Declarations Act 1959*

I, \_\_\_\_\_  
[full name]

of, \_\_\_\_\_  
[address]

\_\_\_\_\_  
[occupation]

make the following declaration under the *Statutory Declarations Act 1959*:

- 1) I have **not been** convicted of a criminal offence in Australia or overseas.
- 2) No disciplinary action has been taken against me by any other professional association resulting in a suspension or cancellation of my membership.
- 3) I authorise Myotherapy Association Australia to provide any relevant information about me as it considers appropriate to any relevant Health Fund or other bodies or associations.
- 4) I agree to abide by the Myotherapy Association Australia Code of Ethics, Code of practice and Rules of Association, copies of which I acknowledge I have received.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

\_\_\_\_\_  
[signature of person making the declaration]

Declared at: \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_  
[place] [day] [month and year]

Before me,

\_\_\_\_\_  
[Signature of person before whom the declaration is made - see next page]

Name: \_\_\_\_\_ Qualification: \_\_\_\_\_

Address: \_\_\_\_\_

[PLEASE PRINT CLEARLY]

**All Myotherapy Association Australia members (excluding Affiliates) are required to complete this Statutory Declaration**

*Note 1* A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

*Note 2* Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*

**A statutory declaration under the *Statutory Declarations Act 1959* may be made before**

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public  
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Employee of the Commonwealth who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

(a) an officer; or

(b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or

(c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

(a) the Parliament of the Commonwealth; or

(b) the Parliament of a State; or

(c) a Territory legislature; or

(d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority; or

(c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of: (a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution