

MYOTHERAPY ASSOCIATION AUSTRALIA

Membership Renewal Form - July 1, 2019 to June 30, 2020

Please tick the level of membership you are renewing:

- Full membership \$495** - Practicing Myotherapists with a qualification from a Registered Training Organisation (RTO)
Includes Insurance*
- Remedial Massage/Interim* \$395** - Completed Dip. Remedial Massage (HLT52015) 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 \$85** - 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.
A Certificate of Currency will be issued after membership payment processed.*

LATE FEE \$50 - payment of renewals received after July 15, 2019

Use BLOCK LETTERS to fill in the information below

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

Declaration: I, (full name) _____




Tick needed -

- I have not been convicted of a criminal offence in Australia or overseas, punishable by a term of imprisonment of 1 year or more
- No disciplinary action has been taken against me by any other professional association resulting in a suspension or cancellation of my membership
- I authorize Myotherapy Association Australia to provide any relevant information about me as it considers appropriate to any relevant health funds or other bodies or associations
- 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 read
- I declare that I have accrued the required 20 PDP with a mandatory 4 PDP within the formal category (Full members only)
- I confirm that my First Aid certification is current
- I have never been denied or had cancelled any professional insurance policy by another provider
- I understand that if my membership fees are not paid within receipt of this renewal form, my membership will be deferred and impact my Insurances and health fund providers

Member's Signature: _____

Date: ____/____/20____

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:	Amount:	Inv #:	Approved by:
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