

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.
 Please contact our office if you require a Certificate of Currency following your renewal payment.*

LATE FEE \$50 - payment of renewals received after August 31st, 2020

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) _____




Statutory Declaration

- 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 authorise 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 Practice](#) and [Rules of Association](#), of which I have read.
- I declare that I have accrued the required informal 20PDP (full members only)
- I confirm that my Fist Aid certification is current (extended to 31st August, 2020)
- I declare that I have a current, or have applied for a current WWC or WWVP check
- 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 invoice, my membership will be deferred and impact my insurances and health fund providers

Member's Signature: _____

Date: ____/____/20____

PAYMENT METHOD		<input type="checkbox"/> Direct Deposit [member number as reference]	<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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