



Australian Anthroposophic Medicine Association Inc.

Application for Professional Membership

I wish to apply to the Admissions Board for Membership of the **Australian Anthroposophic Medicine Association Inc** as a **Professional Practitioner Member**

Title:

Date of birth:

Address:

Tel: BH

AH

Mobile:

Email:

The Association constitution requires you to have references from two (2) active practitioners in anthroposophic medicine.

Referee's names.....

.....

I have attached references from two referees.

Qualifications:

Your Occupation:

Your Practice Address (if different from home address)

Relevant Certificates/Diplomas (titles):

Professional Association you are a member of:

Please attach a copy of your qualifications (both mainstream and anthroposophic), your current membership certificate for an accredited organisation (eg ATMS, or Nurses Registration Board).

The financial year is from 1st July to 30th June. (Pro rata rates from January 1st to June 30th). Fee \$120 (\$60)

All financial members will be listed in the next Directory unless the AAMA is otherwise notified.

I do not wish to be listed in the on-line Directory

All correspondence will be sent via email

All members email addresses will be included in the international Medical Section database unless AAMA is specifically requested to withhold this.

I do not wish for my details to be on the international database.

PAYMENT:

I have electronically deposited \$..... to A.A.M.A.'s bank account, National Bank BSB 082 309 Account number 650152022, on..... /...../..... include your name.

***Fees will be returned if professional membership application is not accepted.**

Please scan and send to: membership@aamaanthro.com

Signed:

Date: / /