



AMTN Membership Application Form

Membership Type	<input type="checkbox"/> Student <input type="checkbox"/> Practitioner <input type="checkbox"/> Teacher/Lecturer
Legal Business Name <i>Mark NA if not applicable</i>	
Trading Name (if different) <i>Mark NA if not applicable</i>	
Contact Name <i>Individual and Student Applicant or Contact Person for Clinic/College</i>	_____
Address	_____ _____ _____ State: _____ Pcode _____
Communication Details Contact person and Contact for Main Office/Clinic	Tel: () _____ Fax () _____ Email: _____ @ _____ Tel: () _____ Fax () _____ Email: _____ @ _____
Industry Membership	Are you currently a member of a relevant professional industry association. <input type="checkbox"/> Yes <input type="checkbox"/> No Please list. _____ _____ Does this membership meet your professional needs. <input type="checkbox"/> Yes <input type="checkbox"/> No
Modality Practiced	<input type="checkbox"/> Aquatic <input type="checkbox"/> Bowen <input type="checkbox"/> Cranio-Sacral <input type="checkbox"/> Deep Muscle <input type="checkbox"/> Feldenkrais <input type="checkbox"/> Kinesiology <input type="checkbox"/> La Stone <input type="checkbox"/> Lomi Lomi <input type="checkbox"/> Myofacial <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Reflexology <input type="checkbox"/> Shiatsu <input type="checkbox"/> Sports <input type="checkbox"/> Swedish <input type="checkbox"/> Thai <input type="checkbox"/> Tui Na <input type="checkbox"/> Watsu <input type="checkbox"/> Other. _____



Massage Service Delivery	<p>Are these services practiced at more than one location? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many sites.</p> <p><input type="checkbox"/> Mobile Home Service <input type="checkbox"/> 2 - 3 sites <input type="checkbox"/> 4 - 6 sites <input type="checkbox"/> 7 or more sites</p>
Training	<p>Are you an accredited provider of massage therapy ? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What level of qualifications do you hold? <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other: _____</p> <p>Accrediting Body: <input type="checkbox"/> TAFE or Private Provider _____ <input type="checkbox"/> Industry Association _____ <input type="checkbox"/> University _____ <input type="checkbox"/> Other _____</p>
Workshops	<p>Do you attend Professional development in massage Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Professional Development topics/themes? _____ _____</p>
Levy / Subscription	<p><input type="checkbox"/> I wish to make a contribution to AMTN of \$20.00 / \$ _____</p> <p>I wish to pay by <input type="checkbox"/> Cheque <input type="checkbox"/> money order <input type="checkbox"/> credit card Cheque/money order to be made out to <u>Australian Massage Therapist Network</u></p> <p>Credit card No. - - - - / - - - - / - - - - / - - - - Expiry Date: - - / - -</p> <p>Name on card: _____ Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p><input type="checkbox"/> I do not wish to make a payment at this time</p>

Membership Declaration.

I, _____, hereby apply for membership in the Australian Massage Therapists Network, and upon acceptance, I agree to be bound by the terms and conditions of the Membership Agreement. I understand that I may withdraw my membership at any time in writing to the Network.

Signature: _____ Date: ____ / ____ / ____