



THE INTERNATIONAL AROMATHERAPY & AROMATIC MEDICINE ASSOCIATION

(Post to PO Box 5058, BRASSALL, QLD, 4305)

APPLICATION FOR AUSTRALIAN IAAMA MEMBERSHIP

The IAAMA Membership Year is 1 May to 30 April.

Membership Fees are due and payable on or before 30 April each year.

Page 1

Surname:	Given Names:
Title: Mr Ms Miss Mrs Other (Please state)	Date of Birth:
Phone:	Mobile:
Email:	
All members are automatically subscribed to IAAMA ENews <input type="checkbox"/> Please tick if you DO NOT wish to Receive IAAMA ENews	

Personal Address: (Not PO Box)	Postal Address: <input type="checkbox"/> Same as Personal address
Street:	Street/PO Box:
Suburb/Town:	Suburb/Town:
State: Postcode:	State: Postcode:

AUSTRALIAN MEMBERSHIP LEVEL APPLIED FOR: (refer to the Membership Application Guide)
<input type="checkbox"/> Accredited Professional Member (Practicing Aromatherapist) HLT Diploma in Aromatherapy required
<input type="checkbox"/> Professional Member (Practicing Aromatherapist) (Available to former members of IAAMA only)
<input type="checkbox"/> Associate Member (Non-Practicing Member) Qualification Not Required; Page 2 not required
<input type="checkbox"/> Include Teaching Status – Available to Accredited Professional or Professional Members teaching Aromatherapy

OTHER MEMBERSHIP

Have you held membership with IAAMA in the past? If so please provide:

Membership Level/Number:		Period of Membership:	
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Current or Previous Membership with other Association/s:

HOW WILL MEMBERSHIP BENEFIT YOU AND IAAMA?

APPLICATION PROCESS

- This application is the first step in becoming a member of IAAMA. It is essential that this application is fully completed and all documentation certified as required.
- Your application will be reviewed and assessed by the IAAMA National Council in accordance with the IAAMA membership requirements (subject to change as determined by IAAMA) at the time of application.
- Requirements vary with the level of membership applied for.
- **If your application is incomplete, has missing information, or non-certified documentation, approval and processing of your membership will be delayed.**

Page 2 – Clinic/Practice Details & Documentation – Practitioner Membership Levels

1: DETAIL OF COURSE(S) COMPLETED

Course Provider:	
Address:	
Course Code:	
Course Name:	
Date Course Completed:	

2: PROFESSIONAL INDEMNITY, PRODUCT & PUBLIC LIABILITY INSURANCE

Certificate of Currency must specifically state Aromatherapy is included

Insurance Company:	
Period of Insurance:	
Amount of Cover:	

OR

I agree to take out Professional Indemnity Insurance cover, as described above, upon acceptance as an IAAMA member and provide a copy of the insurance certificate of currency within 28 days of application being accepted.

Applicant's Signature:	Date:
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3: FIRST AID

IAAMA and Health Funds require members to have, at all time, a current First Aid qualification awarded by an RTO.

First Aid Course Provider:	
First Aid Certificate Awarded Date:	

4: CLINIC/PROFESSIONAL DETAILS – NOT PO Box – Please provide these details for each additional clinic location.

Business Name:	
ABN:	Street:
Phone:	Suburb/Town:
Mobile:	State: Postcode:
Website/Email:	
Include in IAAMA "Find a Practitioner" Listing: Yes No <i>(Accredited Professional and Professional Member)</i>	Include in Health Fund Provider Listings: Yes No <i>(Accredited Professional Member Only)</i>

5: CLINICAL EXPERIENCE – Please include with this application a resume of your clinical aromatherapy experience.

For new graduates, please provide a one page reflection of your experiences during your student clinic.

6: REQUIRED FOR TEACHERS OF AROMATHERAPY APPLYING FOR TEACHING STATUS ONLY

Teaching Qualification Code & Name:	
Date of Qualification:	
Do you teach aromatherapy at a school?	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you teach HLT52315? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you teach other Aromatherapy courses at the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the School where you teach?	
Contact Person & Phone Number of School:	
School Address:	
Do you deliver your own aromatherapy training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a description of the training course/s you provide. Include the venue and a description of the venue & facilities available.

COMMONWEALTH OF AUSTRALIA
STATUTORY DECLARATION
Statutory Declaration Act 1959

I, _____ (name of person making declaration),
make the following declaration under the *Statutory Declarations Act 1959*:

1. I am the person named in this declaration.
2. This membership application is made on the basis of the truth and correctness of all information supplied.
3. I have not had my name suspended or removed from any register, professional association, health fund or other authority for any misconduct, transgression, offence, fraudulent activity or any other reason.
4. I understand that membership renewal is subject to the provision that all claims, actions, circumstances and events which could, or does, result in any claims being made or any actions taken against myself, must be reported immediately to the IAAMA.
5. I acknowledge that the IAAMA may, in its absolute discretion, grant or refuse membership without assigning any reason.
6. If accepted as a member of the IAAMA, I agree to be bound by the Constitution, Code of Ethics, Code of Conduct and regulations established from time to time by the IAAMA.
7. I declare that I am able to communicate in English both orally and in the written form.
8. All aromatherapy qualification practical and clinical studies were completed face-to-face, on campus under the supervision of a fully qualified teacher of aromatherapy.

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 Declaration Act 1959*, and I believe that the statements in this declaration are true in every particular

_____ (signature of person making declaration)

Declared at _____ (place)

The _____ day of _____ 20 _____ (year)

Before me _____ (Signature)

Full Name: _____

Qualification: _____

Address: _____

(full name, qualification and address of person before whom the declaration is made (in printed letters))

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 Declaration 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*)
Bailliff

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

IMPORTANT INFORMATION FOR APPLICANTS

CHECKLIST (to ensure your application is fully completed)

All Applications	Accredited & Professional Applications
<input type="checkbox"/> Application form fully completed	<input type="checkbox"/> Certified copy of Qualifications
<input type="checkbox"/> Statutory Declaration completed	<input type="checkbox"/> Certified copy of Academic Transcript
<input type="checkbox"/> Correct membership fee included	<input type="checkbox"/> Copy of First Aid Certificate
<input type="checkbox"/> Cheques/Money Order made payable to IAAMA	<input type="checkbox"/> Copy of Professional Indemnity Insurance
	<input type="checkbox"/> Resume of clinical experience
<input type="checkbox"/> POST original form, declaration and documents	<input type="checkbox"/> Teaching Qualification (if applying for Teaching status)
	<input type="checkbox"/> Course Description (if applicable)

ANNUAL MEMBERSHIP FEES – Payable with submission of the Application

	\$ ^{AUS}
Accredited Professional Member (Practitioner Level)	\$215
Professional Member (Practitioner Level)	\$215
Associate Member (Non-Practicing Level)	\$65
ADD Teaching Status Fee to Accredited Professional or Professional Membership fee	\$44
Administration Fee payable on application	
Non-refundable Administration Fee (add to Appropriate Membership Fee/s above)	\$50

PAYMENT (Do not post cash)

<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Credit Card
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Annual Membership Fee (from Table above)	
PLUS Non-refundable application fee	\$50.00
TOTAL:	

DIRECT DEPOSIT ACCOUNT DETAILS:
Account Name: International Aromatherapy & Aromatic Medicine Association Inc (IAAMA)
Westpac Bank BSB: 03 2062 Account No: 301 235 Reference: <i>SurnameFirstname</i>

CREDIT CARD DETAILS	
Credit Card Number: _____ / _____ / _____ / _____ Expires: ____ / ____	
CCV Number (last three numbers on reverse of card) ____ / ____ / ____	
Cardholders Name:	Signature:

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