



APPLICATION FOR INTERNATIONAL IAAMA STUDENT MEMBERSHIP

Student Membership is ONE YEAR. A second year is available with proof of continuing enrolment.

The IAAMA Membership Year is 1 May to 30 April. Student Membership is free of charge.

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	

Residential Address: (Not PO Box) <input type="checkbox"/> Postal	Postal Address: (if different to Residential Address)
Street:	Street/PO Box:
Suburb/Town:	Suburb/Town:
State: Postcode:	State: Postcode:
Country:	Country:

DETAIL OF COURSE ENROLMENT

Course Code:	
Course Name:	
Course Provider:	
Address:	
Mode of Study:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-Time
Method of Delivery:	<input type="checkbox"/> On-Campus <input type="checkbox"/> On-Line <input type="checkbox"/> Blend of On-Campus & On-Line
Date Course Commenced:	
Expected Date of Completion:	
<input type="checkbox"/> Attached	Letter confirming Course Enrolment included with application

Student membership is one year. Students may renew their membership on evidence of continuing enrolment in study.

Practical and clinical studies must be completed face-to-face, on campus, under the supervision of a fully qualified teacher of aromatherapy.

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 supporting documentation is submitted with this application as required.

Your application will be reviewed and assessed by the IAAMA National Council in accordance with IAAMA membership requirements (subject to change as determined by IAAMA) at the time of application.

CHECKLIST (to ensure your application is fully completed)

<input type="checkbox"/> Application form fully completed	<input type="checkbox"/> Copy of Current Course Enrolment Letter
<input type="checkbox"/> Signed Declaration on Page 2	<input type="checkbox"/> Post or Email application, Declaration & Documents

If your application or documentation is incomplete, approval and processing of your application will be delayed.

MEMBERSHIP DECLARATION

I, _____ (name of person making declaration),
make the following declaration:

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. The Aromatherapy course I am enrolled in will have practical and clinical studies completed face-to-face, on campus, under the supervision of a fully qualified teacher of aromatherapy.

APPLICANT SIGNATURE: _____

Date: _____

WITNESS SIGNATURE: _____

Full Name (Print): _____

School or Address: _____

Date: _____