

iMIS ID # _____



APPLICATION FOR AACMA STUDENT MEMBERSHIP

PLEASE PRINT OR TYPE AND FORWARD COMPLETED FORM WITH PAYMENT

TITLE: Mr/Ms/Mrs/Miss/Dr.....**FAMILY NAME:**.....**GIVEN NAMES:**.....

POSTAL ADDRESS:.....**P/CODE:**.....

HOME ADDRESS:.....**P/CODE:**.....

PHONE:.....**FAX:**.....**EMAIL:**.....
...

DATE OF BIRTH:...../...../..... **PLACE OF BIRTH (TOWN & COUNTRY):**.....

I am studying acupuncture/TCM at the following Institute:.....

I expect to complete my studies in:.....(Month and Year)

Please provide proof of enrolment such as a copy of your student card or statement of enrolment.

I am/have been a member of the following associations (state type of membership):

I have not been suspended/expelled/deregistered from a professional association or state registration board for breach of professional ethics or practice standards. **If you have not ticked this box, please provide details.**

I hereby apply to be admitted as a Student Member of the Australian Acupuncture and Chinese Medicine Association Ltd. I hereby agree to be bound by the provisions of the Memorandum and Articles of Association and the Code of Ethics of the aforementioned Association and by such other regulations and enactments which may be promulgated by the Board. The above mentioned and attached details are true and correct to the best of my knowledge and belief.

Signed and dated this) APPLICANT.....
)
day of 20) NAME OF WITNESS.....
)
) ADDRESS OF WITNESS.....
)
) SIGNATURE OF WITNESS
)
) # PROPOSER.....(AACMA NO.....)
)
) # SECONDER.....(AACMA NO.....)
) # Must be full Members of AACMA. Print name & member number after signature.

All enquiries and correspondence to: PO Box 1635 COORPAROO DC QLD 4151
 PH: 07 3324 2599 or Free-call: 1300 725 334 Facsimile: 07 3394 2399 Email: membership@acupuncture.org.au
 Registered office and national administration: Unit 1, 55 Clarence Street, COORPAROO QLD 4151

AACMA STUDENT APPLICATION CHECKLIST

Before you post your application form, please check that you have attended to each of the following items, and attach this form to your application. This will ensure that delays in assessing your application are minimised.

- Complete all questions on the Application Form.
- Sign and date Application Form in front of a witness.
- Have the witness sign and complete the witness section.
- Attach proof of enrolment in TCM course for the current year (for example, photocopy of student card or statement of enrolment).

Please note: Only hard copies of the Application Form with original signatures will be accepted. Please do not fax or email completed application forms.

Please refer to Application Form on reverse side.

Free student membership only applies to students with an Australian postcode who are enrolled in accredited programs delivered by a university or recognised training organisation. It is not necessary to be enrolled in an AACMA approved program to be eligible for Student Membership.

Students with overseas postal addresses or who are enrolled in a non-accredited course must pay the Student Membership fee.