



AACMA ID \_\_\_\_\_

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**AACMA**

**APPLICATION FOR AACMA STUDENT MEMBERSHIP**  
 PLEASE COMPLETE AND FORWARD COMPLETED FORM WITH EVIDENCE OF ENROLMENT

<b>PERSONAL DETAILS</b>		
TITLE <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	FAMILY NAME	GIVEN NAMES
POSTAL ADDRESS (Incl State & Postcode)		
HOME ADDRESS (Incl State & Postcode)		
HOME PHONE	FAX	MOBILE
EMAIL ADDRESS		
DATE OF BIRTH DD/MM/YYYY       /       /	PLACE OF BIRTH (TOWN & COUNTRY)       /	

<b>STUDY DETAILS</b>	
I am studying acupuncture/Chinese medicine at the following Institute	I expect to complete my studies in (MM/YYYY)       /
<b>NB: Please provide proof of enrolment such as a copy of your student card (only if it shows the current year) or statement of enrolment.</b>	
I am/have been a member of the following associations (state type of membership):	
<input type="checkbox"/>	I have not been suspended/expelled/deregistered from a professional association or state/national 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 Constitution of AACMA and the Code of Ethics of the aforementioned Association and by such other regulations and enactments which may be promulgated by the Board. I agree that I will not engage in the unsupervised practice of acupuncture and/or Chinese medicine while a Student Member of AACMA. The above mentioned and attached details are true and correct to the best of my knowledge and belief. [For corporate documents go to <https://www.acupuncture.org.au/about-us/>]

<b>SIGNATURES</b>
APPLICANT
DATE (DD/MM/YYYY)       /       /

All enquiries and correspondence to: Suite 1, 1990 Logan Road, UPPER MOUNT GRAVATT, QLD 4122  
 PH: 07 3457 1800 or Free-call: 1300 725 334 Email: [membership@acupuncture.org.au](mailto:membership@acupuncture.org.au)  
 Registered office and national administration: Suite 1, 1990 Logan Road, UPPER MOUNT GRAVATT, QLD 4122

**OFFICE USE ONLY:**

Date Received

Date Processed