AUSTRALIAN HOMOEOPATHIC ASSOCIATION
Similia ♦ Similibus ♦ Curantur

ARBN 077 464 101
ABN 94 077 464 101
www.homeopathyoz.org

Membership Renewal 2017–2018

Due by 30 June 2017

Member Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other Gender: Date of Birth:

First Name: Middle Name: Surname:

Street Address: Postcode:

Postal Address: Postcode:

Telephone: Mobile: Fax:

Email:

☐ Please tick if you DO NOT grant permission to the AHA to contact you by email.

☐ Professional members: please tick if you DO NOT grant permission to the AHA to update AROH with any changes to your contact, clinic, insurance or first aid certificate details in the case that you notify the AHA of such changes.

In the event of my admission as a member, I agree to be bound by and observe the provisions of the Association's policies and by-laws. I declare that I have not been convicted of an indictable offence and I am not insolvent.

In the case of Professional membership, I declare that I do not have an impairment that affects my ability to practise in the profession. I agree to be bound by:

- the AHA's Code of Professional Conduct (CoPC) / Code of Ethics (CoE, soon to replace the CoPC), as published on the AHA website: www.homeopathyoz.org;
- the Australian laws and provisions regulating CAM professions, including those formulated by the Therapeutic Goods Administration (TGA) as published on the TGA website;
- the National Code of Conduct for Unregistered Practitioners applicable in my State.

I acknowledge that in the event of professional conduct issues arising in respect to breaches of the AHA CoPC/CoE, or any of the above; disciplinary action or deregistration by AROH; or complaints made against me, I will be subject to the AHA's complaints and disciplinary procedures and penalties that may be imposed.

I certify that the information supplied by me in this membership application is true and correct:

Signature: Date:

Annual Membership Fees (including GST) for year ending 30 June 2018

Clinic listings of Professional Members who have not renewed by 30 June 2017 will be removed from the AHA website until payment is received.

Memberships	Pay by 30 Jun 2017	Pay by 31 Jul 2017	Pay by 30 Sep 2017
Professional Member	$380	$410	$440
Professional Member (1st year AROH reg.)	$240	$260	$280
Professional Member (2nd year AROH reg.)	$290	$315	$340
General Member	$195	$215	$235
CAM Student with Similia/newsletter hard copy*	$60	$66	$72

☐ **Student:** I enclose a copy of this year's receipt (or letter or enrolment) from my college as evidence that I am currently a student. I am studying ☐ on/ ☐ off campus (tick both if both apply) and expect to complete my studies in (modality): _____ by: _____ (year & month if known).

Payment Details

I have enclosed a Cheque/Money order for amount: $ (payable to: "AHA Inc") **OR**

Please debit my Credit Card: ☐ Mastercard ☐ Visa ☐ AMEX Amount: $ _____

Card Number: Expiry Date: 3-digit Security Code:

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐/☐☐ ☐☐☐

Cardholder Name: Signature:

Professional Member (registered with AROH)

☐ I request that my clinic details be included on the AHA website & referral listings for access by medical funds or the public.
NOTE: Clinic name and street address will not be published. NO AHA CHARGES apply for additional clinics.

Clinic 1 Details:

Clinic Name:

Address:

Postcode:

Tel: Mobile:

Email:

Website:

Clinic 2 Details:

Clinic Name:

Address:

Postcode:

Tel: Mobile:

Email:

Website:

Please add the details of any further clinic/s overleaf. Health fund rebates only apply to clinics listed on the AROH website.

You can renew online! Otherwise, return this form with your payment to:

AHA National Office
PO Box 7108
Toowoomba South
Qld 4350

Ph: 07 4636 5081