



Membership application 2024-2025

The membership year runs from 1 July 2024 to 30 June 2025. Please complete and return this form with all required documentation and payment to national office, preferably by email to info@homeopathyoz.org, or by post at the address listed below.

PRIVACY: The Association collects personal information in order to maintain a register of members. This information will not be disclosed without the member's prior consent. All members have right of access to their information and are obliged to notify changes.

Section 1: Applicant details

Title: Mr Mrs Ms Miss Dr Other Gender: _____ Date of birth: _____

First name: _____ Middle name: _____ Surname: _____

Full residential address: _____

Full postal address: _____

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 Ethics & Practice (CoEP), as published on the AHA website: <https://homeopathyoz.org>;
- ARoH's Code of Professional Conduct and Standards of Practice;
- the Australian laws and provisions regulating CM professions, including those formulated by the Therapeutic Goods Administration (TGA) as published on the TGA website;
- the National Code of Conduct for Unregistered Health Practitioners applicable in my State.

I acknowledge that in the event of professional conduct issues arising in respect to breaches of the AHA CoEP, 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: _____

Section 2: Payment details

Annual membership fees (including GST) for year ending 30 June 2025

	Full year	From 1 Jan 2025
Professional member application fee (non-refundable):	\$44	\$44
Professional member:	\$380	\$190
Professional member (1st year ARoH registration):	\$240	\$120
Professional member (2nd year ARoH registration):	\$290	\$145
General member:	\$195	\$98
CAM student with Similia/newsletter hard copy* (see section 3):	\$60	\$30

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: _____

Section 3: Applicants for general or student membership

Student: I enclose a copy of this year's receipt (or a letter of enrolment) from my college as evidence that I am currently a student of a health modality. For FREE online Student membership please apply online.

I am studying on / off campus / using a combination of both on and off and expect to complete my studies in (modalities): _____ by: _____ (year & month)

I hold qualifications in homoeopathy from: _____ (institution)

I intend to apply for professional membership during the current period.

Other qualifications (please state): _____

General: I am a complementary or allied medicine practitioner: Yes No

I practice the following modalities (please state): _____

I am signing up as a new member: to support homoeopathy in Australia to learn more about homoeopathy

to network with colleagues in the CM sector

for another purpose (please state): _____

Section 4: Applicants for professional membership

I am an existing student/general member and I want to upgrade: Yes No

Applicants are requested to provide:

Copy of your registration certificate from the Australian Register of Homoeopaths (ARoH) as evidence of current registration.

Copy of homoeopathic qualification.

One passport photograph endorsed by a professional member or a certifying officer.

A one-off non-refundable application fee of \$44 (GST inclusive), plus the relevant membership fee.

Education & qualifications:

Homoeopathic education was by means of: _____

Institution: _____ Date completed: _____

Other: _____

Other relevant qualifications: _____

Professional members (registered with ARoH)

I request that my clinic details be included on the AHA website & referral listings for access by the public.

NOTE: Clinic street address will only be published, and only on the AHA website, if specifically requested.

Clinic 1 details:

Clinic name: _____

Address: _____

Postcode: _____

Tel: _____

Mobile: _____

Email: _____

Website: _____

Clinic 2 details:

Clinic name: _____

Address: _____

Postcode: _____

Tel: _____

Mobile: _____

Email: _____

Website: _____

Fluency in non-English language(s): _____

Please enclose any further clinics on a separate blank page. There is no charge for listing multiple clinics on the AHA website.

Section 5: Office use

Date approved/rejected: _____

ARoH No. _____

AHA No. _____