



## 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 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 hold qualifications in homoeopathy from: \_\_\_\_\_ (institution)

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:** Full physical street address will not appear unless specifically requested.

#### Clinic 1 details:

Clinic name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

#### Clinic 2 details:

Clinic name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

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. \_\_\_\_\_