

## auxiliary membership of amt

application fee \$20.00    annual fee \$55.00

Thank you for your interest in taking out Auxiliary membership with AMT.

This category of membership has been specifically designed for those who would like to keep abreast of current industry issues in Australia e.g. retired or non-active AMT professional members, overseas registered therapists, non-practising partners of an AMT professional member, and members of the public interested in supporting AMT.

Unlike other levels of membership within AMT, Auxiliary Level has no entry requirements. Consequently, you may benefit from many AMT membership privileges without having gained specific Massage Therapy qualifications.

Massage therapists who are planning to retire or take some time out from their practice may find Auxiliary membership a natural succession from AMT's practitioner levels of membership. However, you will be required to return your Membership Certificate and Code of Ethics.

Should you choose to return to active clinical practice, your previous level of membership can easily be reinstated and you will be issued with a new membership Certificate. Auxiliary members may not hold office or vote but you can assist or serve on AMT Committees.

**Advantages include:**

- You receive our quarterly Journal 'In Good Hands'
- You can attend our Annual Conference and other AMT events at membership rates
- You can advertise in the AMT Journal at membership rates

Please be aware that Auxiliary membership is a non-practising class of membership - you are not eligible for referrals and we cannot endorse you as a health fund provider.

**PLEASE COMPLETE DETAILS OVER PAGE, INCLUDING PAYMENT DETAILS.**

# auxiliary membership of amt application form



**PLEASE COMPLETE IN BLOCK LETTERS**

**ALL QUESTIONS MARKED WITH A \* MUST BE COMPLETED**

## **PERSONAL DETAILS:**

\*First name: \_\_\_\_\_

\*Surname: \_\_\_\_\_

\*Date of birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

\*Mailing address<sup>†</sup>: \_\_\_\_\_

\_\_\_\_\_ \*State: \_\_\_\_\_ \*Post Code: \_\_\_\_\_

## **CONTACT NUMBERS:**

\*Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ \*Mobile: \_\_\_\_\_

<sup>†</sup> please nominate an Australian address where possible

\*Email address: \_\_\_\_\_

I would like to be involved with AMT and offer to volunteer assistance if needed.

## **PAYMENT DETAILS:**

I have attached my cheque/money order in the amount of \$ \_\_\_\_\_ made payable to AMT Ltd

OR please debit my Visa / Mastercard in the amount of \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Card Verification Number \_\_\_\_\_

(3 digit number on back of card)

### **EFT PAYMENT DETAILS**

PLEASE USE YOUR NAME UNDER THE TRANSACTION DESCRIPTION SO WE CAN IDENTIFY THE PAYMENT AND SEND THIS FORM BACK TO AMT

Account Name: Association of Massage Therapists Ltd

BSB: 062-212

Account Number: 1034-0221

Please return to:

AMT

PO Box 826 Broadway NSW 2007

or fax 02 9211 2281