



**Association of
Massage Therapists Ltd**

PO Box 826
Broadway NSW 2007

T: 02 9211 2441

F: 02 9211 2281

info@amt.org.au

www.amt.org.au

ABN 32 001 859 285

AMT Student Application Form

APPLICATION

Please allow two weeks to process your application. There will be a delay if you do not send all the relevant documentation requested.

We cannot accept applications via fax.

Please post your original to:

AMT Ltd

PO Box 826

Broadway NSW 2007

or email it to info@amt.org.au

PRIVACY STATEMENT

The Association of Massage Therapists Ltd is subject to the provisions of the Privacy Act 1988. Any personal information you supply to us on membership application forms or any changes to your details is used strictly in accordance with the Act and kept in the strictest confidence. You have the right to access and correct any personal information that the Association holds about you.

None of the details given by you will be divulged to third parties without your permission and knowledge.

Your personal information may be used only by this Association to improve our services and to provide you with the latest information about any new related services and promotions such as workshops, conferences and membership reminders.

PLEASE NOTE:

Your membership application will usually be processed within two weeks of receipt of all documentation at AMT Head Office and you will be notified of the result in writing.

Please supply all requested documentation.

An incomplete application will cause delays in processing your membership.

AMT STUDENT APPLICATION FORM

OFFICE USE ONLY

Date Received:

Date Approved:

**PLEASE COMPLETE ALL PAGES AND PRINT CLEARLY
ALL QUESTIONS MARKED WITH A * MUST BE COMPLETED**

PERSONAL DETAILS

*First name:

*Surname:

*Date of birth:

Male:

Female:

*Mailing address:

*State:

*Post code:

Please attach
passport photo here

CONTACT NUMBERS

*Home:

Work:

*Mobile:

*Email address:

*How did you hear about AMT?

*Why did you decide to join AMT?

*PROBITY

*Have you ever been a member of another professional association? YES NO

*If yes, have you ever been expelled or sanctioned from that association? YES NO

*Have you been the subject of any disciplinary, legal or criminal proceedings? YES NO

*Are you aware of any pending disciplinary, legal or criminal proceedings? YES NO

PROOF OF ENROLMENT

You must attach proof of enrolment that clearly shows your name, the name of the course you are enrolled in, the school you are attending and the anticipated completion date. Your application will not be processed without proof of enrolment.

INSURANCE

Do you require information about student insurance?

YES

NO

JOURNAL

You will receive our quarterly journal "In Good Hands" via email. Please check that you have provided a current email address above.

AMT STUDENT APPLICATION FORM (CONTINUED)

* REFEREES

List three (3) character referees (name and telephone number) from persons other than family who have known you for the last two years:

- * 1. Name: _____ Telephone number: _____
- * 2. Name: _____ Telephone number: _____
- * 3. Name: _____ Telephone number: _____

* DECLARATION AND AGREEMENT

I declare that the information given on this form is true and correct.

I understand that:

- I must pay all my subscriptions and other monies due until I resign my membership
- I declare that I will abide by the AMT Code of Ethics and any applicable rules, codes and regulations
- I declare that I will abide by all applicable health fund provider terms and conditions

* Signature: _____

* Date: _____

PLEASE NOTE:

You must be a student member of AMT for at least two months before upgrading to practitioner levels of membership. If you try to upgrade before two months has elapsed, an administration fee of \$75.00 applies.

Association of Massage Therapists Ltd

PO Box 826
Broadway NSW 2007

T: 02 9211 2441
F: 02 9211 2281

info@amt.org.au

ABN 32 001 859 285

www.amt.org.au