



Australian Anthroposophic Medicine Association

Application to the Admissions Board for Membership of the Australian Anthroposophic Medicine Association for Membership.

Part 1:

Please tick one of the membership criteria below and note check list:

I wish to apply for:

| | |
|---|--|
| <p><input type="checkbox"/> Professional Member</p> <p>Criteria:</p> <p>1. Current Australasian membership with professional body eg ATMS, Nurses Registration Board with professional negligence insurance.</p> <p>2. Have completed a recognised Anthroposophic training in your field.</p> <p>Or, present your biography and 2 case studies showing an anthroposophic medicine approach.</p> <p>3. If you have attended an “unrecognised” anthroposophic training, you may seek recognition from the Medical Section or AAMA (see contact below for more details).</p> <p>4. Give written references from two practitioners of anthroposophic medicine/therapy.</p> <p>(Please complete all parts of form below)</p> <p>Fee: \$120 pa</p> | <p><input type="checkbox"/> Member</p> <p>Criteria:</p> <p>1. Be an allied health/medical, anthroposophically- based, practitioner.</p> <p>Or, be an allied health/medical practitioner interested to develop an anthroposophic approach.</p> <p>Or, be an organization that wants to support anthroposophic medicine.</p> <p>(Please complete parts 2, 3, 5 and 6)</p> <p>Fee: \$100</p> |
| <p><input type="checkbox"/> Student Member</p> <p>Criteria:</p> <p>Be a current student in an allied health/medical practitioner training and wish to support/connect with anthroposophic medicine.</p> <p>(Please complete parts 2 and 6)</p> <p>Fee: \$35 pa</p> | <p><input type="checkbox"/> Mailing list</p> <p>To receive the AAMA newsletters and additional news of events</p> <p>(Please complete part 2 and 6)</p> <p>Fee: \$25 pa</p> |

Enquiries to: Dr Paulo Moraes: moraesarara@bigpond.com, Irmhild Kleinhenz: irmhild@live.com or Barbara Rapson: admin@aamaanthro.com ph.: 039876 4728



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Part 2:

Title:.....First name:.....Surname:.....

Date of birth:.....

Address:.....

.State.....PC.....Country.....

Tel:.....Fax.....

Mobile:.....Email.....

All notices, except for the AGM notice, are sent via email, please register at www.aamaanthro.com "Subscribe to our Newsletter". If you do not have internet access, limited notices can be posted to you, please indicate here if you would like notices posted.

If a student, what modality are you studying and where?

Expected date of completion.....

Part 3:

Who has referred you to the AAMA?

Name.....Contact tel/email:.....

Your modality:.....

Your clinic address (if different from home address).....

.....State.....PC.....Country.....

Tel:.....Fax.....

Email.....

Part 4: (Professional members applicants only :)

a. Name **two** sponsors who are active anthroposophic medical/therapeutic practitioners and attach written references:

1) NameContact tel/email:

2) Name:Contact tel/email:

- b. Provide copies of: Anthroposophic training certificate(s) and current professional association membership and Insurance Certificate.
- c. Alternatively: your biography in relation to this application, and 2 case studies or contact Dr Paulo Moraes, Irmhild Kleinhenz or Barbara Rapson to discuss your individual situation.
- d. Send a letter outlining your reasons for wanting to become a Professional Member

Part 5:

All financial professional and member participants will be listed on the website unless the AAMA is otherwise notified. Please indicate if you do not wish your details to be made available to others, such as when advertising AAMA. Please highlight details to be included.

I do not wish to be listed on the AAMA website.

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All members email addresses will be included in the international Medical Section database unless AAMA is specifically requested to withhold this.

I do not wish for my details to be on the international database.

Part 6:

FEES:

The financial year is from 1st July to 30th June. Members joining between 1st January and 30th June pay half membership fee.
 Professional Member: \$120 pa
 Member \$100 pa
 Student Member \$35 pa
 Mailing list \$25 pa

I enclose cheque/money order made out to "A.A.M.A." for the sum of \$.....

I have electronically deposited \$..... to A.A.M.A.'s bank account, National Bank BSB 082 289 Account number 650152022, on...../...../.....include your name.

Please debit my Credit Card: MasterCard Visa (Sorry, no AMEX/Diners) for \$.....plus 2.5% surcharge for credit card payments
 Please print clearly.

Name on Card _____

Card Number: _____ Expiry date: __/ __

Signature _____

***Fees will be returned if membership application is not accepted.**

Post to:

The Administrator, 37 Omeo Parade Warranwood Vic 3134 or fax 03 9812 2768

Or email to: admin@AAMAanthro.com