



AUSTRALIAN ANTHROPOSOPHIC MEDICINE ASSOCIATION

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

I wish to apply to the Admissions Board for Membership of the Australian Anthroposophic Medicine Association as a **Professional Member**

Title:

Date of birth:

Address:

Tel: BH

AH

Mobile:

Email:

The Association constitution requires you to have references from two (2) active practitioners in anthroposophic medicine.

Referee's names.....

.....

I have attached references from two referees.

Qualifications:

Your Occupation:

Your Practice Address (if different from home address)

Relevant Certificates/Diplomas (titles):

Professional Association you are a member of:

Please attach a copy of your qualifications (both mainstream and anthroposophic), your current membership certificate for an accredited organisation (eg ATMS, or Nurses Registration Board).

MEMBERSHIP (from the Constitution Clause 3, amended 23rd September 2007)
Categories of Membership

3.1 There will be the following categories of membership:

3.1.1 Professional Member:

Professional Membership is available to those who belong to an external registration body – thus having professional negligence insurance plus recognition, and

- a) have completed a recognized Anthroposophic therapy/medical training; or
- b) have taken a path of study and personal development in anthroposophic medicine as shown by:
 - i. providing a biography to the Accrediting Committee,
 - ii. presentation of two (2) case studies or
- c) have attended a training which is not “recognized”, then either the individual and/or the training seeks recognition with the Medical Section, or the individual seeks acknowledgement for professional membership from AAMA.
- d) each application shall be accompanied by references from two (2) active practitioners in anthroposophic medicine.

FEES:

The financial year is from 1st July to 30th June. (Pro rata rates from January 1st to June 30th). Fee \$120 (\$60)

All financial members will be listed in the next Directory unless the AAMA is otherwise notified.

I do not wish to be listed in the next Directory printing.

All correspondence will be sent via email if one is provided, or by post if preferred.

I do not wish to receive correspondence by e-mail.

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.

PAYMENT:

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.

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

Please send to: AAMA Administrator
admin@aamaanthro.com

Postal address:
P.O. Box 89
Warburton VIC 3799

Date: / /