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# Australian Anthroposophic Medicine Association

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

**MEMBERSHIP** (from the Constitution Clause 3, amended 11th October 2008) Categories of Membership

3.1 There will be the following categories of membership:

Professional Member, Member, Student member and Mailing List.

#### 3.1.1 Professional Member:

Professional Membership is available to those who belong to an Australian or New Zealand 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:
  - 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.

## 3.1.2 **Member**:

Any allied health/medical practitioner practising out of anthroposophic principles but not qualified to be a professional member according to 3.1. and any organisation & allied health/medical practitioner interested to know more about anthroposophic medicine. Organisations may apply for membership.

#### 3.1.3 Student Member:

Student membership will be available for those applicants who may be in an Anthroposophic/other medical/allied health practitioner training, or who wish to support or connect with the work of the AAMA.

3.1.4 The AAMA board will have final discretion in regard to all membership applications.

### 3.1.5 Mailing List:

To receive AAMA member emails and other notices.

Please scan and send to: <a href="membership@aamaanthro.com">membership@aamaanthro.com</a>

or post to:

The Administrator, AAMA, PO Box 89, Warburton VIC 3799

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

Professional Member/Member/Student Member/Mailing List (please circle membership applying for)

If applying for Professional Membership, please complete the Professional member application form (download from the AAMA website: aamaanthro.com/member)

Title:Christian name:	Surname:	
Date of birth:	Country of Birth:	
Address:		
	STATE	P <i>C</i>
Tel:	Fax	
Mobile:		
Email		
The Association constitution requor of the AAMA Sponsor's name	·	_
Sponsor's Signature		date
Qualifications:		
Your Occupation:		
Your Practice Address (if differen	t from home address)	
	State	P <i>C</i>
Tel:	Fax	

Email	
All financial members will be listed in the otherwise notified. Please indicate if yo available to others, such as when advert	u do not wish your details to be made
$\square$ I do not wish to be listed in the next Di	rectory printing.
	if one is provided, or by post if preferred.
☐ I do not wish to receive correspondence	e by email
All members email addresses will be includatabase unless AAMA is specifically req	
$\ \square$ I do not wish for my details to be on th	e international database.
FEES: The financial year is from 1st July to 30th and 30 <sup>th</sup> June pay half membership fee.	June. Members joining between 1 <sup>st</sup> January
Professional Member fee \$120 Mem	•
Student Member \$35 Mail	ing list \$25
☐ I enclose cheque/money order made out	
☐ I have electronically deposited \$	to A.A.M.A.'s bank account, National Bank BSB/include your name.

<sup>\*</sup>Fees will be returned if membership application is not accepted.