

Under self assessment, receipts are not required by the Taxation Department unless a member is under taxation audit. Receipts are prepared but, because of cost and time, will not be forwarded. Your cheque record will be sufficient to acknowledge payment of membership fee. If you require an additional record please keep a photocopy of this form.

Australian Hypnotherapists' Association

PROMOTING STANDARDS OF EXCELLENCE IN HYPNOTHERAPY ACROSS AUSTRALIA , ASIA AND NEW ZEALAND

MEMBERSHIP RENEWAL NOTICE 2010

ASSOCIATE MEMBERSHIP FEE = \$98 (GST EXEMPT)

ANNUAL FEE SCHEDULE

CLINICAL	\$198	LIFE	(No Charge)
CLINICAL (Provisional)	\$198	HONORARY	(No Charge)
FELLOW	\$198	STUDENT	\$ 40
ASSOCIATE	\$ 98	AFFILIATE	\$ 40
		SOCIAL	\$ 40

NON-REFUNDABLE APPLICATION FEES

Clinical \$40
Associate \$40
Student \$40
Affiliate \$40

RE-CLASSIFICATION FEES: Associate to Clinical \$ 40

Office use only
Chq/ No: Amount paid Date Receipt No: Ent'd C'mptr
Name: No: Status: paid to:

- 1 Your membership renewal is now due. Please complete details of your current practice and return this form and your Record Card to the treasurer at the address listed on page 3 by 30TH January 2010
- 2 I have retired from active practice but wish to continue membership as an Affiliate Member,
- 3 If you are **NOT** intending to continue your membership, please state reason
- 4 PROFESSIONAL DEVELOPMENT (minimum requirement 20 hours per year Including Books read, Workshops / Training Courses etc attended over the past year.) Please list on Record Form enclosed. Minimum 20 hours completed YES [] NO []
- 5 PROFESSIONAL SUPERVISION (min requirement 12 Hrs 1-1 or 24 hrs If in group Please list on record form enclosed. Completed YES [] NO []
- 6 STANDARDS FOR THE MAINTENANCE OF ASSOCIATE MEMBERSHIP : The AHA has a recognised high standard for associate membership. In completing this form and your Record Card members are encouraged to reflect and ensure that the minimum standards for associate membership are met and maintained.

7) CURRENT WEEKLY HOURS WORKED:

As a Hypnotherapist: As a Therapist / Counsellor:
Individual sessions [] Individual sessions []
Group sessions [] Couple sessions []

8) Copy of my current First Aid Certificate is attached [] Yes [] No
(Renewal certificate cannot be sent until we have received copy of your current First Aid certificate.)

9) Copy of my Professional Indemnity Policy is attached. [] Yes [] No
(Renewal certificate cannot be sent until we have received copy of your current Professional Indemnity Insurance policy.)

10) Copy of my Clean Police Check is attached [] Yes [] No
If No reason:
(Renewal certificate cannot be sent until we have received copy of your current Clean Police Check.)

11) Copy of my Working With Children card is attached. [] Yes [] No
If No reason:
(Renewal certificate cannot be sent until we have received copy of your current WWC if it is a requirement in your state.)

The following information is used for referral purposes only:

12) THE **AVERAGE** FEE I CHARGE PER SESSION IS: \$

11) I offer Age Pensioner Discounts YES [] NO []

12) I understand that if my documentation is not up to date my name will need to be removed from the Referral list until I again meet AHA requirements. [] Yes

13) Phone referrals [] Yes [] No

14) I am ready to upgrade to Clinical membership. Please send me the Clinical membership application form [] Yes [] No

15) CURRENT WORKPLACE ADDRESS

Workplace 1: Name: Workplace 2: Name:
Street : Street :
City : City :
Postcode : Postcode :
Phone no : Phone no :
Days There : Days There :
Wheelchair access: Wheelchair access:

16) Other premises please show on a separate sheet

17) My Website Address is:

18) For future address changes please telephone Freecall 1800 067 557 or email Mia Lack on mialack@tpg.com.au

19) MY HOME ADDRESS IS:

NAME: _____

ADDRESS _____

_____ POST CODE: _____

Home Phone: _____ Mobile: _____

Email: _____

Signed : _____ Date : _____

Return completed form with your Cheque, PD Record Card & copies of your documents to:

THE TREASURER
MIA LACK
19 MACLEAY AVE
WAHROONGA
N.S.W. 2076