

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

Clinical MEMBERSHIP FEE = \$198 (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

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, please see attached cheque for \$40

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 CLINICAL MEMBERSHIP
The AHA has a recognised high standard for clinical membership. In completing this form and your Record Card members are encouraged to reflect and ensure that the minimum standards for clinical membership are met and maintained.

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

Name: No: Status: paid to:

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 Working With Children card (or if not available in your state a clean
police record check) is attached. [] Yes [] No

If No reason:
(Renewal certificate cannot be sent until we have received copy of your
current WWC or police check .)

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 give permission for my name to be included in the monthly listing sent to the
Health Funds. [] Yes [] No

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

14) Phone referrals [] Yes [] No

15) CURRENT WORKPLACE ADDRESS

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

16) Other premises please show on a separate sheet

17) My Website Address is:

18) List my details on the NHRA website [] Yes [] No

19) I have checked and my details are correct on the NHRA website [] Yes [] No
If No I have filled in the form showing corrections on the NHRA website. []

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

21) I have kept a copy of this form for my records [] Yes

22) 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