

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**

FELLOW 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

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 a an Affiliate Member. My \$40 fee is attached,
- 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 FELLOW MEMBERSHIP**
 The AHA has a recognised high standard for fellow membership. In completing this form and your Record Card members are encouraged to reflect and ensure that the minimum standards for Fellow 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 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 AHA Health Fund mailing list until I again meet Health Fund
requirements. [] Yes

14) I accept 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 AHA website: [] Yes [] No

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

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

21) 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. []

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

23) 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