

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**

**LIFE MEMBERSHIP FEE = No Charge**

**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 30<sup>TH</sup> January 2010

2 I have retired from active practice but wish to continue membership as a non practicing Life 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 CLINICAL MEMBERSHIP**  
 The AHA has a recognised high standard for practicing members. In completing this form and your Record Card members are encouraged to reflect and ensure that the minimum standards for clinical practice 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 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 Health Fund mailing list until I again meet Health Fund requirements. [ ] Yes

14) List my details on the 1800 067 557 Phone referral list [ ] 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](mailto: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