

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 or Direct Deposit record will be sufficient to acknowledge payment of membership fee. If you require an additional record please keep a photocopy of this form.

ANNUAL FEE SCHEDULE

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

NON-REFUNDABLE APPLICATION FEE \$40

RE-CLASSIFICATION FEE – Associate to Clinical \$40

Renewal payment can now be made by DIRECT DEPOSIT if preferred:

The details you need for the Direct Deposit are as follows:

Please make sure your name is on the transfer

Account Name: The Australian Hypnotherapists Association
 Bank Name: Commonwealth bank
 Bank Address: Paddington
 Branch No (BSB): 062 220
 Account No: 10012818

If doing a Direct Deposit please state receipt number
 and date of your deposit

**PLEASE MAKE SURE YOU KEEP A COPY OF ALL DOCUMENTS SENT
 (JUST IN CASE THEY GET LOST IN TRANSIT)**

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

Australian Hypnotherapists' Association

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

MEMBERSHIP RENEWAL NOTICE

2011 / 2012

CLINICAL MEMBERSHIP FEE = \$198 (GST EXEMPT)

We are moving the Financial Year for renewals to April 1st

Therefore the once only Fee for 15 months = \$247

Can be paid in full or in 2 instalments of \$123-50 each if preferred

If paying in instalments

1st Instalment needs to reach Head Office by 30th January 2011

2nd Instalment no later than 30th March 2011

RENEWALS CAN NOW BE PAID BY A DIRECT DEPOSIT

See Page 4 for details

- 1 Your membership renewal is now due. Please complete details of your current practice and return this form with your Record Card and documents to the Treasurer at the address listed on page 3 by **30TH January 2011**
Certificates cannot be sent out until full payment is received.

- | | |
|---|---|
| 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 group) Listed on OPD Record form attached 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.

7) CURRENT WEEKLY HOURS WORKED:

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

As a Trainer / Presenter / Public Speaker

Hypnotherapy []
NLP []
Counselling []

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. This needs to be renewed every 3 years)

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. This needs to be renewed annually)

10) 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

The following information is used for referral purposes only:

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

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

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

15) I would like to be listed on the Phone referral registrar Yes [] No []

16) I am interested in giving something back to the association.
[] Workshop Sub committee
[] Research sub committee
[] I would like to help but can only offer occasional short project assistance

Please contact me as to what I could contribute. YES [] NO []

17) 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:

18) Other premises please show on a separate sheet

19) My Website Address is:

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

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 under "Change my listing" []

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

23) I have kept a copy of this form & accompanying documents for my records []

24) MY HOME ADDRESS IS:

NAME: _____

ADDRESS _____

POST CODE: _____

Home Phone: _____ Mobile: _____

Email: _____

Signed : _____ Date : _____

Return completed form with your Direct Deposit Details /Cheque /PD Record Card & copies of your documents to:

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