

NATUROPATHIC PRACTITIONERS ASSOCIATION INCORPORATED (NPA)

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2016 MEMBERSHIP RENEWAL FORM

Title: Dr. Mr. Mrs Ms <i>(circle)</i>	<i>(Office use Only)</i> Date Received:
Surname:	Given Names:
Private Address: (Send Mail Here) <input type="checkbox"/> Street..... Suburb/Town..... State.....Postcode..... Mobile No.....	Professional Place of Practice Address: (Not PO Box) Street..... Suburb/Town..... State.....Postcode..... Telephone.....
Date of Birth:	Professional Place of Practice Address: (Not PO Box) Street..... Suburb/Town..... State.....Postcode..... Telephone.....
Email Address:	Telephone.....

MODALITIES AND MEMBERSHIP (Membership adjacent to modality/ies)

<u>NATUROPATHIC</u>	<u>CHINESE MEDICINE</u>	<u>IMPORTANT</u>
Alexander Technique..... <input type="checkbox"/> Aromatherapy..... <input type="checkbox"/> Ayurvedic Medicine..... <input type="checkbox"/> Bowen Therapy..... <input type="checkbox"/> Counselling..... <input type="checkbox"/> Herbal Medicine (Western)..... <input type="checkbox"/> Homeopathy..... <input type="checkbox"/> Hypnotherapy Osteopathy..... <input type="checkbox"/> Integration Therapy..... <input type="checkbox"/> Kinesiology..... <input type="checkbox"/> Lymphatic Drainage..... <input type="checkbox"/> Musculotherapy Therapy..... <input type="checkbox"/> Myotherapy..... <input type="checkbox"/> Naturopathy..... <input type="checkbox"/> Naturopathic Nutrition..... <input type="checkbox"/> Oriental Remedial Therapy..... <input type="checkbox"/> Reflexology Polarity Therapy... <input type="checkbox"/> Remedial Therapy..... <input type="checkbox"/> Rolwing Reflexognosy..... <input type="checkbox"/>	Acupuncture..... <input type="checkbox"/> Chinese Herbal Medicine..... <input type="checkbox"/> Chinese Herbal Dispensing.. <input type="checkbox"/> Dry Needling..... <input type="checkbox"/> Electro-acupuncture..... <input type="checkbox"/> Registered with AHPRA as: AHPRA Registration No: <h4 style="text-align: center; margin: 0;"><u>MASSAGE</u></h4> Deep Tissue Massage..... <input type="checkbox"/> Sports Massage..... <input type="checkbox"/> Shiatsu Remedial Massage.. <input type="checkbox"/> Traditional Chinese Massage <input type="checkbox"/> Traditional Thai Massage..... <input type="checkbox"/>	<p>PLEASE ENSURE THAT THIS FORM IS THOROUGHLY COMPLETED. SIGN AND RETURN IT TO THE ABOVE ADDRESS.</p> <p>THE FEES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE AS DECIDED BY GENERAL ASSOCIATION MEETING.</p> <p>I certify that I have:</p> <p><input type="checkbox"/> A current PROFESSIONAL LIABILITY INSURANCE which I understand is essential for continued membership of the Association. <i>(enclose copy) Certificate Expiry Date:</i></p> <p><input type="checkbox"/> Fulfilled my Continued Professional Development Educational requirement being current for the previous year to this renewal date as set out by the Association. <i>(enclose CPD diary and any other documentation).</i></p> <p><input type="checkbox"/> A current SENIOR FIRST AID CERTIFICATE <i>(enclose copy) Certificate Expiry Date:</i></p> <p><input type="checkbox"/> I have NOT BEEN CONVICTED OF A CRIMINAL OFFENCE in Australia or overseas punishable by law and hereby authorise the NPA Inc to make inquiries as necessary.</p> <p>This membership application is made on the basis of the truth and correctness of all information supplied.</p>

MEMBERSHIP Full Fee - \$250.00 Student Fee - \$80.00 Life Member - Fee waived	MEMBERSHIP FEE: \$ (Please enclose with your renewal application)
NPA MEMBERSHIP NUMBER	MEMBERS SIGNATURE DATE:/...../.....

PLEASE NOTE:
Continuation of membership requires full completion and return of this form and other documents to the Association by the nominated date.

FOR OFFICE USE ONLY			
FEES RECEIVED DATE	MEMBERSHIP COMMENCEMENT DATE		
RECEIVING OFFICER	DATE		
ACCEPTED <input type="checkbox"/>	REJECTED <input type="checkbox"/>	MEMBERSHIP APPROVAL DATE NPA CHAIRPERSON	ACCREDITATION DATE PROVIDER NUMBER