

SPECIAL Holistic Health Conference offer
WHEN YOU REGISTER FOR THE HOLISTIC HEALTH CONFERENCE
JOIN AS A NEW AIMA FULL OR ASSOCIATE MEMBER
FOR ONLY HALF THE NORMAL PRICE!
(does not apply to current AIMA Members)

AIMA MEMBERSHIP APPLICATION FORM

You may join via the AIMA website at www.aima.net.au or by completing this form and returning it to: **Post:** AIMA, College House, 1 Palmerston Cres, South Melbourne Vic.3205
Fax: (03) 8699 0584, **Email:** admin@aima.net.au

PLEASE PRINT

Title.....First NAMESURNAME.....

(BUSINESS) ADDRESS.....

.....POSTCODE

PHONE (B).....FAX (B).....MOBILE.....

EMAIL.....

QUALIFICATIONS.....

INDICATE MODALITIES YOU PRACTICE

.....

AIMA Annual Membership Fees (GST inclusive)

Special HHC Rate for new members*

Full Membership (registered medical practitioners, MBBS or equiv. –voting rights) \$200.00 **\$100***

Associate Membership (non-medical- Health Professionals–no voting rights) \$150.00 **\$75***

Medical Students (MUST attach proof of full-time student status) \$ 20.00

Friends of AIMA (non-practitioner) - general public) \$ 40.00

I am currently a: **GP** **Specialist** (type).....

Other Health Professional (type).....

Are you a member of:

AMA Yes No **RACGP** Yes No **AMAC** Yes No

ACNEM Yes No **ACoHM** Yes No

Other Organisation / College? Yes No (please state).....

Do you currently have medical indemnity insurance? Yes No - Fund Name.....

Do you wish to be on our on-line **Practitioner Directory**? **Note: FULL-Members Only** (Your name, your firm's or Company's name & contact details as supplied by you above, will be placed on the AIMA Website Referral Section on-line and provided to consumers requesting referrals by telephone from the AIMA office).

Yes **No** **Signature**.....

Payment Details:

Name _____ **Address** _____

Amount **\$AUD** _____

Payment method Cheque (\$AUD) Credit Card

Card Type **Visa** **Mastercard** **Bankcard** (please circle relevant card)

Credit Card Number

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Expiry Date

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Please make cheque payments to "Australasian Integrative Medicine Association". If paying via credit card, I authorise the Australasian Integrative Medicine Association to directly debit the credit card nominated above in accordance with the agreed payment details.

Signature _____ **Date** _____

***Offer applies only with a full Holistic Health Conference Registration.**