# Membership Application Form



The Association for Professional Therapists

#### MASSAGE & MYOTHERAPY AUSTRALIA VISION STATEMENT

Leader of the Australian Massage and Myotherapy Industry.

## 1. Type of Membership

Massage Therapist (Certificate IV)

Remedial Massage Therapist (Diploma)

Advanced (Adv Dip, Degree)

Are you or have you ever been a member of Massage & Myotherapy Australia?

Yes, Member No. (if known)

Are you or have you ever been a member of another association?

No Yes, which association?

## Eligibility

For details of eligibility for membership please see the Massage & Myotherapy Australia website massagemyotherapy.com.au. If you do not hold the current qualification HLT40302/07/12 or HLT50302/07/52015 or the Advanced Diploma of Myotherapy, or Bachelor of Health Sciences (MST) or Bachelor of Myotherapy, please contact Massage & Myotherapy Australia on +61 3 9602 7300.

Use this form to join Massage & Myotherapy Australia as a Remedial Massage Therapist, Myotherapist or Massage Therapist Member or to Upgrade from a Student Membership.

OFFICE USE ONLY

### MASSAGE & MYOTHERAPY AUSTRALIA MISSION STATEMENT

To lead and support our diverse membership towards excellence in practice.

### 2. Privacy Policy

Massage & Myotherapy Australia is committed to the protection of your personal information. Full details of Massage & Myotherapy Australia's Privacy Policy can be found on our website: massagemyotherapy.com.au/privacy-policy/

# 3. Applicant Details\*

Given names		
Family name		
Date of birth		Sex: M F
Address for correspondence		
Suburb	State	Postcode
Daytime telephone		
Mobile		
Email address		
Preferred contact method		
* Mandatory		

Please complete the entire application, printing clearly and attaching copies of all documents referred to on the Checklist on the back page. Mail to: Massage & Myotherapy Australia, Level 8, 53 Queen St, Melbourne VIC 3000.

# Membership Application Form



### 4. Clinic Details

Address 1 <sup>*</sup>		Address 3 <sup>*</sup>	
Suburb		Suburb	
StatePostcode	Contact No.	StatePostcode	Contact No.
Listed on the Australian Massag	e Directory? Yes No	Listed on the Australian Massa	ge Directory? Yes No
Address 2 <sup>*</sup>		Address 4	
Suburb		Suburb	
StatePostcode	Contact No	StatePostcode	Contact No
Listed on the Australian Massag	e Directory? Yes No	Listed on the Australian Massag	ge Directory? Yes No
*Medibank allows no more than th	ree clinic addresses per therapist for Appro Medibank. Note: all other private health fun	ved Provider Status. If eligible, the first	three addresses that
Do you want your Clinic det (To be issued a provider number you Do you want your Clinic det	for Massage & Myotherapy A ails to be forwarded to health fur must answer yes!) ails listed on health fund website <b>ls, Experience &amp; Servic</b>	nds? Yes	No No
Please number in order of prefere	ence: only the first three modalities will are confirming that you are qualified to d	be listed on the Australian Massage	e Directory.
Acupressure	Functional Fascial Taping	Myofascial Release	Sports Massage
Alexander Technique	Hot Stone Massage	Myotherapy	Structural Balance
Aromatherapy	Hydrotherapy	Ortho Bionomy	🗌 Thai Massage
Bowen Therapy	Kahuna	Postural Integration	Traditional Chinese Massage
Corporate Massage	Kinesiology	Pregnancy Massage*	Trigger Point
Cupping	Lomi Lomi Massage	Reflexology	WorkCover Approved
Deep Tissue Massage	Lymph Drainage*	Reiki	
Fascial Kinetics	Mobile Service	Rolfing	
Eldenkrais	Myofascial Dry Needling*	Shiatsu	

\* Specialised training is required in these modalities. Training must meet Massage & Myotherapy Australia Position Statement requirements – see massagemyotherapy.com.au

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### 6. Statutory Declaration

WARNING: When you make a statutory declaration, you are declaring that the statements in it are true. If you make a false statement in a statutory declaration, you could be charged with an offence and, if convicted, you could be fined or jailed, or both.

l	(nome and com	
	(name and occup	lation)
of	(address)	
in the state of(stat	, Australia, do solemnly and sincerely declar	e:
Please tick the true staten	ment(s):	
I have not been charge	ed with any criminal offence in Australia or elsewhere;	
I have not at any time l	been convicted of any criminal offence against a person	in Australia or elsewhere;
I have not at any time l	been the subject of any disciplinary proceedings with an	ny other professional association;
I have not at any time b	been the subject of any disciplinary proceedings with any p	private health fund including, but not exclusively, fraudulent behaviour;
I have been charged ar	and convicted with the following offences:	
(a)		
(b)		
I have had the folowing	ng disciplinary procedings with another Association or Pri	ivate Health Fund:
(a)		
(b)		
making of false statements I understand that any inform	ts in statutory declarations, conscientiously believing the	amended and subject to the penalties provided by that Act for the statements contained in this declaration to be true in every particular. eading, may result in refusal of my application or cancellation of my
membership.		
Declared at	on	) Declarant's Signature
this da	ay of	)
20 before	me:	Declarant's Name (print)
Witness' Cignoture		

vvitness Signature

Witness' Name and Occupation Title (print)

(Please see below information for persons qualified to witness a Statutory Declaration.)

# **Completing the Statutory Declaration**

The following information is a brief guide to completing the above statutory declaration. Please note that a person must not intentionally make a false statement in a statutory declaration. The possible penalty pursuant to the Statutory Declarations Act 1959 is imprisonment for four years. The association will not accept any documents witnessed or certified by a relative.

1. Declarant Details & Execution

Insert the full name, address and occupation of the person making the declaration. Insert the location (eg. Melbourne) where the declaration is made and the date (eg. 30th day of August 2014).

The declarant and witness must sign where indicated and print their details underneath the signature. The witness' occupation must also be included.

2. Witness

The following are persons qualified to witness a Statutory Declaration pursuant to section 8(b) of the Statutory Declarations Act 1959.

- 2.1 A person who is authorised under a law in force in a state or territory to practise
- as a member of the following professions: (a) Chiropractor

(b) Dentist

(e) Nurse

- (g) Pharmacist
- (h) Physiotherapist
- (c) Legal practitioner (i) Psychologist (d) Medical practitioner
  - (j) Trade marks attorney
  - (k) Veterinary surgeon
- (f) Patent attorney

2.2 Other persons including, but not exclusively are: Justice of the Peace, Accountant, Teacher, Marriage Celebrant, Police Officer.



## 7. Membership Fees

#### (Subject to change. All prices are inclusive of GST)

Massage & Myotherapy Australia Fees include a one-off non-refundable application fee of \$110. The fees in the chart below include this application fee plus the current yearly membership fee.

	Admin Fee	Renewal Fee	Total
Remedial Massage Therapist (RMT) Myotherapist – Diploma, Adv Dip, Degree	\$110	\$250	\$360
Massage Therapist (MT) – Certificate IV	\$110	\$214	\$324
Upgrade from Student to MT	\$55	\$214	\$269
Upgrade from Student to RMT	\$110	\$250	\$360

Note: The annual renewal fee is \$250 (RMTs) and \$214 (MTs).

## 8. Payment Method

For security reasons, DO NOT SEND YOUR CREDIT CARD DETAILS BY FAX or EMAIL. If you prefer not to mail your credit card details, please contact Massage & Myotherapy Australia on +61 3 9602 7300 within five business days (after mailing your documents) to pay your fees.

\* Please make cheques payable to:

Massage & Myotherapy Australia				
Visa Mastercard	Cheque*			
Card Number				
Authorisation No.	(The last three digits on the back of your card)			
Name on Card	Expiry			
Signature				

Please MAIL this application form and documents to:

#### Massage & Myotherapy Australia

Level 8, 53 Queen Street, Melbourne 3000.

#### **Important Note**

# Your membership will not be activated until **ALL** documentation and fees are received.

#### \* What does 'Certified' mean?

Original and copies of documents can be certified by taking them to a person who is authorised to witness/certify. Persons who are authorised to witness/ certify (under the Commonwealth Statutory Declarations Act 1959) include members of certain professions such as chiropractor, dentist, legal practitioner, medical practitioner, nurse, patent attorney, pharmacist, physiotherapist, psychologist, trade marks attorney, veterinary surgeon and other persons including, but not exclusively, Justice of the Peace, accountant, teacher, marriage celebrant, police officer. **The simplest way to get your documents certified is to visit your local chemist**.

# 9. Declaration and Agreement

I hereby apply for membership of Massage & Myotherapy Australia (a brand of the Australian Association of Massage Therapists) and certify that to the best of my knowledge and belief, the information in this application is true and if elected to membership:

- I undertake to abide by the Massage & Myotherapy Australia Constitution, Code of Ethics, Standards of Practice, Policies, Position Statements & Guidelines.
  Lunderstand Massage & Mustherapy Australia may in its
- I understand Massage & Myotherapy Australia may, in its absolute discretion, reject my application for membership without providing reasons.
- □ I undertake to contribute to the property of the Company if the Company is wound up, in such amount as may be required, but not exceeding one dollar (\$1.00).
- I agree to keep my Senior/Level 2 First Aid current, and provide copies to Massage & Myotherapy Australia when they are renewed.

I agree to provide a copy of my Certificate of Currency of Public and Product Liability and Malpractice Liability Insurance to Massage & Myotherapy Australia when it is renewed each year.

- I agree to abide by Massage & Myotherapy Australia's Continuing Professional Education (CPE) criteria.
- I agree to abide by the Massage & Myotherapy Australia Ethics Education Criteria.
- I agree to abide by the private health funds' Terms and Conditions as set out by the individual private health funds.
- I agree to annually update the above agreements and my Statutory Declaration via the Massage & Myotherapy Australia website.

#### Signature \_\_\_\_

Date

Please allow up to ten working days from the date of receipt for your application to be processed.

#### 10. Checklist (Do not forward original documents)

- 1. Certified<sup>\*</sup> copy of massage education details certificate and full transcript
- Remedial applications, a letter from your college indicating that you meet the Medibank and HCF education criteria (if eligible – HLT50302 and HLT50307 only). HLT52015 do not have to supply the letter.
- 3. Copy of First Aid Certificate (Apply First Aid/Senior Level 2)
- 4. Copy of **Certificate of Currency of Insurance** (If you are not currently insured, please supply to Massage & Myotherapy Australia as soon as available)
- 5. Statutory Declaration signed, dated & witnessed (page 3).

#### (Your details will not be forwarded to the private health funds until all documentation has been received and your application has been processed.)

Your initials here \_\_\_\_