

# Membership Application Form



## MASSAGE & MYOTHERAPY AUSTRALIA

*The Association for  
Professional Therapists*

### MASSAGE & MYOTHERAPY AUSTRALIA VISION STATEMENT

*Leader of the Australian Massage  
and Myotherapy Industry.*

### MASSAGE & MYOTHERAPY AUSTRALIA MISSION STATEMENT

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

**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

## 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?

No  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](http://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.

## 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/](http://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**

# Membership Application Form

## 4. Clinic Details

**Address 1\*** \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Contact No. \_\_\_\_\_

Listed on the Australian Massage Directory?  Yes  No

**Address 3\*** \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Contact No. \_\_\_\_\_

Listed on the Australian Massage Directory?  Yes  No

**Address 2\*** \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Contact No. \_\_\_\_\_

Listed on the Australian Massage Directory?  Yes  No

**Address 4** \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Contact No. \_\_\_\_\_

Listed on the Australian Massage Directory?  Yes  No

\*Medibank allows no more than three clinic addresses per therapist for Approved Provider Status. If eligible, the first three addresses that you provide will be forwarded to Medibank. Note: all other private health funds accept four clinic addresses.

**IMPORTANT:** For clinic details to be forwarded to health funds and used for public referral, you must list a clinic address and telephone number. Street addresses must be listed. Note: Post Office Boxes are not accepted. If you do not include a telephone number, your daytime or mobile number will be reported to the Health Fund.

### Once you are accepted for Massage & Myotherapy Australia membership:

Do you want your Clinic details to be forwarded to health funds?  Yes  No

(To be issued a provider number you must answer yes!)

Do you want your Clinic details listed on health fund websites?  Yes  No

## 5. Modalities – Skills, Experience & Services

Please number in order of preference: only the first three modalities will be listed on the Australian Massage Directory.

NOTE: By numbering a box, you are confirming that you are qualified to deliver this service.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Acupressure         | <input type="checkbox"/> Functional Fascial Taping | <input type="checkbox"/> Myofascial Release   | <input type="checkbox"/> Sports Massage              |
| <input type="checkbox"/> Alexander Technique | <input type="checkbox"/> Hot Stone Massage         | <input type="checkbox"/> Myotherapy           | <input type="checkbox"/> Structural Balance          |
| <input type="checkbox"/> Aromatherapy        | <input type="checkbox"/> Hydrotherapy              | <input type="checkbox"/> Ortho Bionomy        | <input type="checkbox"/> Thai Massage                |
| <input type="checkbox"/> Bowen Therapy       | <input type="checkbox"/> Kahuna                    | <input type="checkbox"/> Postural Integration | <input type="checkbox"/> Traditional Chinese Massage |
| <input type="checkbox"/> Corporate Massage   | <input type="checkbox"/> Kinesiology               | <input type="checkbox"/> Pregnancy Massage*   | <input type="checkbox"/> Trigger Point               |
| <input type="checkbox"/> Cupping             | <input type="checkbox"/> Lomi Lomi Massage         | <input type="checkbox"/> Reflexology          | <input type="checkbox"/> WorkCover Approved          |
| <input type="checkbox"/> Deep Tissue Massage | <input type="checkbox"/> Lymph Drainage*           | <input type="checkbox"/> Reiki                |  |
| <input type="checkbox"/> Fascial Kinetics    | <input type="checkbox"/> Mobile Service            | <input type="checkbox"/> Rolfing              |  |
| <input type="checkbox"/> Feldenkrais         | <input type="checkbox"/> Myofascial Dry Needling*  | <input type="checkbox"/> Shiatsu              |  |

\* Specialised training is required in these modalities. Training must meet Massage & Myotherapy Australia Position Statement requirements – see [massagemyotherapy.com.au](http://massagemyotherapy.com.au)



# Membership Application Form

## 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.

I \_\_\_\_\_  
(name and occupation)

of \_\_\_\_\_  
(address)

in the state of \_\_\_\_\_, Australia, do solemnly and sincerely declare:  
(state)

Please tick the true statement(s):

- I have not been charged with any criminal offence in Australia or elsewhere;
- I have not at any time been convicted of any criminal offence against a person in Australia or elsewhere;
- I have not at any time been the subject of any disciplinary proceedings with any other professional association;
- I have not at any time been the subject of any disciplinary proceedings with any private health fund including, but not exclusively, fraudulent behaviour;
- I have been charged and convicted with the following offences:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

- I have had the following disciplinary proceedings with another Association or Private Health Fund:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

I make this solemn declaration by virtue of the Statutory Declarations Act 1959 as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular. I understand that any information subsequently found to be incorrect, false or misleading, may result in refusal of my application or cancellation of my membership.

Declared at \_\_\_\_\_ on \_\_\_\_\_ )  
this \_\_\_\_\_ day of \_\_\_\_\_ )  
Declarant's Signature \_\_\_\_\_

20 \_\_\_\_\_ before me: \_\_\_\_\_  
Declarant's Name (print) \_\_\_\_\_

Witness' 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         | (g) Pharmacist           |
| (b) Dentist              | (h) Physiotherapist      |
| (c) Legal practitioner   | (i) Psychologist         |
| (d) Medical practitioner | (j) Trade marks attorney |
| (e) Nurse                | (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.

