



Retiring Member Application

1. Retiring Member Application

In response to member requests, Massage & Myotherapy has introduced a 'Retiring Member' level. If the following criteria apply to you, you may be eligible for this Membership Level.

Are you:

- ☐ 55 years of age or over?
- ☐ Do you see a maximum of five clients per week?
- ☐ Have you been a continuous member of the Association for seven years?
- ☐ Is your insurance current?
- ☐ Is your First Aid Certificate current?
- ☐ Are you happy to provide a signed Statutory Declaration that you are treating a maximum of five clients per week?
- ☐ You do not require Approved Provider Status with the private health funds?

2. Membership entitlements

Retiring Members are entitled to the following benefits:

- ☐ Access to CPE events at member rates.
- ☐ The quarterly association *Journal*
- ☐ The monthly *eNews*
- ☐ Access to the Members Only area of the website
- ☐ Access to HALO (Health and Learning Online).
- ☐ Access to insurance with Aon.

Privacy Policy

Massage & Myotherapy Australia is committed to the protection of your personal information. Full details of Massage & Myotherapy Australia's **Privacy Policy and Collection Statement** can be found on our website:

[CLICK HERE](#)

OFFICE USE ONLY

3. Applicant Details*

Member No.

Given names

Family name

Date of birth

Sex: M ☐ F ☐ Prefer not to say ☐ Other

Address for correspondence

Suburb State Postcode

Your contact details*

Daytime telephone

Mobile

Email

Preferred contact method

***Mandatory**

4. Retiring Membership Fees

The cost for Retiring Members is \$135 per annum.

5. Payment Method

For security reasons, **DO NOT SEND YOUR CREDIT CARD DETAILS BY FAX or EMAIL.** The Association will contact you via email requesting you contact the office on 61 3 9602 7300 to arrange credit card payment over the telephone or you can request direct debit details. **PLEASE NOTE:** Your membership will not be activated until **ALL** documentation and fees are received.



Please **MAIL** or **EMAIL** this application form and documents to:
Massage & Myotherapy Australia
Level 8, 53 Queen Street, Melbourne 3000.
info@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.

I _____
(Name and occupation)

of _____
(Address)

in the state of _____, Australia, do solemnly and sincerely declare:
(State)

Please tick the true statement/s below:

- ☐ I am 55 years of age or over
- ☐ I see a maximum of five clients per week
- ☐ Annual Statutory Declaration Update: during the past twelve months I have not been subject to any criminal charges, convictions or fraud investigations in relation to my occupation as a massage therapist.

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 _____
(Digital signatures will not be accepted)

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. Digital signatures will not be accepted)
(Digital signatures will not be accepted)

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.

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 2022).

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 | (e) Nurse | (i) Psychologist |
| (b) Dentist | (f) Patent attorney | (j) Trade marks attorney |
| (c) Legal practitioner | (g) Pharmacist | (k) Veterinary surgeon |
| (d) Medical practitioner | (h) Physiotherapist | |

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

7. Declaration and Agreement

I hereby apply for membership of Massage & Myotherapy Australia 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 Constitution, Code of Ethics, Standards of Practice, Policies, Position Statements & Guidelines.
- ☐ I understand that the Association 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 the Association 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 the Association when it is renewed each year.
- ☐ I agree to abide by the the Association's Ethics Education Criteria.
- ☐ I agree to annually update the above agreements and my Statutory Declaration via the Association's website.

Signature _____ Date _____
(Digital signatures will not be accepted)

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