



The Association of Professional Therapists

Membership Application Form

VISION STATEMENT

Remedial Massage Therapy and Myotherapy is recognised as an essential health service.

MISSION STATEMENT

Inspiring professional excellence.

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.

If you do not hold the current qualification HLT40302/07/12 or HLT42015/21 or HLT50302/07 or HLT52015/21 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.

Referral

If you have been referred to the Association by a current member of Massage & Myotherapy Australia, please let us know their name and Member Number (if known).

Name: _____

Member No:

2. 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](#)

3. Applicant Details

Given names* _____

Family name* _____

Date of birth* _____

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

Are you of Aboriginal or Torres Strait Islander Australian descent? (If you are of both, tick both 'Yes' boxes).

☐ No ☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander

Address for correspondence* _____

Suburb _____ State _____ Postcode _____

Daytime telephone _____

Mobile* _____

Email* _____

Preferred contact method _____

***Mandatory**

4. Qualification Details

Name of College _____

Year that qualification was completed _____

Course code (if known) _____

5. Clinic Details

Address 1* _____ Suburb _____
 State _____ Postcode _____ Contact No. _____ Australian Massage Directory listing? ☐ Yes ☐ No

Address 2* _____ Suburb _____
 State _____ Postcode _____ Contact No. _____ Australian Massage Directory listing? ☐ Yes ☐ No

Address 3* _____ Suburb _____
 State _____ Postcode _____ Contact No. _____ Australian Massage Directory listing? ☐ Yes ☐ No

Address 4 _____ Suburb _____
 State _____ Postcode _____ Contact No. _____ Australian Massage Directory listing? ☐ 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 not 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 provider numbers you must answer yes!)

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

6. 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.

☐ Acupressure	☐ Fascial Taping	☐ Myofascial Release	☐ Sports Massage
☐ Alexander Technique	☐ Feldenkrais	☐ Oncology Massage*	☐ Structural Balance
☐ Aromatherapy	☐ Hot Stone Massage	☐ Ortho Bionomy	☐ Thai Massage
☐ Baby/Infant Massage*	☐ Hydrotherapy	☐ Palliative Care	☐ Traditional Chinese Massage
☐ Bowen Therapy	☐ Kahuna	☐ Postural Integration	☐ Trigger Point
☐ Corporate Seated Massage	☐ Kinesiology	☐ Pregnancy Massage*	☐ WorkCover Approved
☐ Craniosacral	☐ Lomi Lomi Massage	☐ Reflexology	☐ Other, please specify:
☐ Cupping	☐ Manual Lymphatic drainage*	☐ Reiki	_____
☐ Deep Tissue Massage	☐ Mobile Service	☐ Rolfing	_____
☐ Fascial Kinetics	☐ Myofascial Dry Needling*	☐ Shiatsu	_____

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

Membership Application Form

7. 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) (Occupation)

of _____
(Address)

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

Please tick the true statement(s):

- ☐ I confirm that the issued massage education documents (digital or hard copy) including, but not exclusively, official testamurs and academic transcripts, are true versions issued by the educational institution and have not been altered in any way.
- ☐ 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, including a complaint, with any other professional association;
- ☐ I have not at any time been the subject of any disciplinary proceedings, including a complaint, 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 _____
(Digital signatures will not be accepted)

20 _____ before me:
Declarant's Name (print) _____

Witness' Signature _____

Witness' Name and Occupation Title (print) _____
(Name) (Occupation)

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

(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. 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 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.

8. Membership Fees

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

Massage & Myotherapy Australia Fees include a one-off non-refundable application fee of \$280. 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) Advanced Member – Diploma, Adv Dip, Degree	\$120	\$280	\$400
Massage Therapist (MT) – Certificate IV	\$120	\$240	\$360
Upgrade from Student to MT	–	\$240	\$240
Upgrade from Student to RMT	–	\$280	\$280

9. 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



Level 8, 53 Queen St, Melbourne VIC 3000
Phone: +61 3 9602 7300
Email: info@massagemyotherapy.com.au
www.massagemyotherapy.com.au

10. 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.
- ☐ 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 Provide 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 _____
(Digital signatures will not be accepted)

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

11. Checklist (Do not forward original documents)

- ☐ 1. Copies of massage education details – certificate and full transcript
- ☐ 2. Remedial applications, a letter from your college indicating that you meet the Medibank and HCF education criteria (if eligible – HLT50302 and HLT50307 only). HLT52015 or HLT52021 do not have to supply the letter.
- ☐ 3. Copy of First Aid Certificate (Provide First Aid HLTAID011)
- ☐ 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 _____