

# Retiring Member Application



**MASSAGE &  
MYOTHERAPY**  
AUSTRALIA

*The Association for  
Professional Therapists*

OFFICE USE ONLY

## 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:

- 65 years of age or over?
- Do you see a maximum of five clients per week?
- 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
- Access to Infinite Rewards.

## 4. Retiring Membership Fees

The cost for Retiring Members is \$125 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** this application form and documents to:

**Massage & Myotherapy Australia**  
**Level 8, 53 Queen Street, Melbourne 3000.**

## 3. Applicant Details

Member No.      I am a new member

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**



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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.

**Please tick the true statement/s below:**

- I am 65 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 \_\_\_\_\_

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.

### 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 2016).

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** \_\_\_\_\_

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