

Aromatherapy Association of South Africa

P.O. Box 21941, Bluff 4036
Tel: (0826677746 Fax: 086 535 6895

APPLICATION FORM FOR MEMBERSHIP (2016/2017)

I HEREBY APPLY FOR MEMBERSHIP OF THE AROMATHERAPY ASSOCIATION OF SOUTH AFRICA (AROMASA). I AGREE TO ABIDE BY THE RULES AS LAID DOWN IN THE CONSTITUTION AND TO FOLLOW THE CODES OF PRACTICE AND ETHICS OF THE ASSOCIATION BASED ON REQUIREMENTS OF THE ALLIED HEALTH PROFESSIONS COUNCIL OF SA.

PERSONAL DETAILS : (PLEASE USE BLOCK LETTERS AND/OR TICK APPROPRIATE BOX)

SURNAME		DR	MR	MRS	MISS	MS
FIRST NAMES						
DATE OF BIRTH	I.D. NO					
POSTAL ADDRESS						POSTAL CODE
PHYSICAL ADDRESS						
TELEPHONE	HOME:	BUSINESS:		CELL:		
FAX	EMAIL:					

MEMBERSHIP CATEGORY : (PLEASE TICK APPROPRIATE BOX)

FULLY QUALIFIED MEMBER REGISTERED WITH THE AHPCSA					
DATE QUALIFICATION GAINED (MM/YYYY)					
AHPCSA REGISTRATION NO	A				
ARE YOU CURRENTLY PRACTICING AROMATHERAPY	YES	NO	IF YES	FULL TIME	PART TIME
WOULD YOU LIKE YOUR NAME/TELEPHONE NO LISTED ON ASSOCIATION WEB PAGE				YES	NO
STUDENT MEMBER (CURRENTLY TRAINING IN AROMATHERAPY)					
NAME OF TRAINING INSTITUTION					
DATE OF ENROLMENT (MM/YYYY)			DATE DUE TO QUALIFY (MM/YYYY)		
STUDENT UPGRADING TO FULL MEMBERSHIP (ATTACH CERTIFIED COPY OF CERTIFICATE)					
ASSOCIATE MEMBER (QUALIFIED IN AROMATHERAPY BUT NOT REGISTERED WITH AHPCSA)					
NAME OF TRAINING INSTITUTION					
DATE OF QUALIFICATION (MM/YYYY)					
CORPORATE MEMBERSHIP					

ADDITIONAL RELEVANT THERAPIES OR PROFESSIONS

THERAPY/PROFESSION	PRACTICING		REGISTERED WITH RELEVANT COUNCIL	
	YES	NO	YES	NO

FEE STRUCTURE : 1ST OCTOBER 2016– 30TH SEPTEMBER 2017

ADMINISTRATION FEE	NEW MEMBERS ONCE-OFF FEE INCLUDES CONSTITUTION & CODE OF ETHICS & PRACTICE	R 60.00
ANNUAL MEMBERSHIP FEE	FULLY QUALIFIED MEMBER REGISTERED WITH AHPCSA	R430.00
	STUDENT MEMBER/VETERAN MEMBERS	R240.00
	ASSOCIATE MEMBER – QUALIFIED BUT NOT REGISTERED WITH AHPCSA	R400.00

BANKING DETAILS FOR INTERNET BANKING/DIRECT DEPOSITS

ACCOUNT HOLDER: AROMASA
BANK: FIRST NATIONAL BANK
BRANCH No.: 250135 (BLUFF)
ACCOUNT No.: 623 7544 1749

NB: PLEASE COMPLETE REFERENCE BLOCKS ON THE BANK DEPOSIT SLIP (YOUR INITIALS & SURNAME)

**PLEASE FAX OR POST APPLICATION FORMS, PROOF OF DEPOSIT SLIP AND CERTIFIED COPIES OF CERTIFICATES TO:
AROMATHERAPY ASSOCIATION OF SOUTH AFRICA/AROMASA, P.O. Box 21941, BLUFF, 4036 Fax: 031 4662914
(AHPCSA-REGISTERED THERAPISTS DO NOT NEED TO SUBMIT COPIES OF QUALIFICATIONS)**

SIGNED:

DATE:

FOR OFFICIAL USE ONLY:

RECEIPT NO:DATE OF RECEIPT.....

MEMBER NO:

MEMBERSHIP TYPE

CERTIFICATE NO:DATE OF CERTIFICATE: