

# Aromatherapy Association of South Africa

P.O. Box 21941, Bluff 4036

Tel: (0826677746 Fax: 086 535 6895

## APPLICATION FORM FOR MEMBERSHIP (2017/2018)

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)**

<b>FULLY QUALIFIED MEMBER REGISTERED WITH THE AHPCSA</b>					
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	
<b>STUDENT MEMBER (CURRENTLY TRAINING IN AROMATHERAPY)</b>					
NAME OF TRAINING INSTITUTION					
DATE OF ENROLMENT (MM/YYYY)		DATE DUE TO QUALIFY (MM/YYYY)			
<b>STUDENT UPGRADING TO FULL MEMBERSHIP (ATTACH CERTIFIED COPY OF CERTIFICATE)</b>					
<b>ASSOCIATE MEMBER (QUALIFIED IN AROMATHERAPY BUT NOT REGISTERED WITH AHPCSA)</b>					
NAME OF TRAINING INSTITUTION					
DATE OF QUALIFICATION (MM/YYYY)					
<b>CORPORATE MEMBERSHIP</b>					

**ADDITIONAL RELEVANT THERAPIES OR PROFESSIONS**

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

**FEE STRUCTURE : 1<sup>ST</sup> OCTOBER 2017– 30<sup>TH</sup> SEPTEMBER 2018**

<b>ADMINISTRATION FEE</b>	NEW MEMBERS ONCE-OFF FEE INCLUDES CONSTITUTION & CODE OF ETHICS & PRACTICE	R 60.00
<b>ANNUAL MEMBERSHIP FEE</b>	FULLY QUALIFIED MEMBER REGISTERED WITH AHPCSA	R450.00
	STUDENT MEMBER/VETERAN MEMBERS	R250.00
	ASSOCIATE MEMBER – QUALIFIED BUT NOT REGISTERED WITH AHPCSA	R420.00

**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: .....