

Aromatherapy Association of South Africa

Tel: 082 655 6031 Email: info@aromasa.org.za

APPLICATION FORM FOR MEMBERSHIP (2019/2020)

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 (NOT REGISTERED WITH AHPCSA, CORPORATE OR INTEREST IN AROMATHERAPY)					

ADDITIONAL RELEVANT THERAPIES OR PROFESSIONS

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

FEE STRUCTURE : 1ST OCTOBER 2019– 30TH SEPTEMBER 2020

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	R500.00
	STUDENT MEMBER / VETERAN MEMBER	R385.00
	ASSOCIATE MEMBER (NOT REGISTERED WITH AHPCSA / CORPORATE / INTEREST IN AROMATHERAPY)	R470.00

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 EMAIL THIS APPLICATION FORM WITH PROOF OF PAYMENT TO: info@aromasa.org.za

SIGNED:

DATE: