

Aromatherapy Association of South Africa

142 Edmonds Road, Glenwood, Durban, 4001

Tel: 082 655 6031

APPLICATION FORM FOR MEMBERSHIP (2022/2023)

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:			
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
	YES	NO	YES	NO
	YES	NO	YES	NO
	YES	NO	YES	NO

FEE STRUCTURE : 1ST OCTOBER 2022– 30TH SEPTEMBER 2023

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	R550.00
	STUDENT MEMBER/VETERAN MEMBERS	R435.00
	ASSOCIATE MEMBER – QUALIFIED BUT NOT REGISTERED WITH AHPCSA	R520.00

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 APPLICATION FORMS, PROOF OF DEPOSIT SLIP AND CERTIFIED COPIES OF CERTIFICATES TO:
 AROMATHERAPY ASSOCIATION OF SOUTH AFRICA/AROMASA, EMAIL: INFO@AROMASA.ORG
 (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: