



Application for Membership

Ten steps towards joining the:

'Health Professionals Who Naturally Care'

IMPORTANT

Steps 1 to 10 MUST be completed where appropriate. Please use 'black' pen
i.e. written explanations, photo's and / or photocopies must be supplied.

1. PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr

[a]
Surname Given Names

[b] Home Address Suburb
State Post Code Tel Mobile

[c] Business Address Suburb
State Post Code Tel Fax

[d] Date of Birth Email

[e] Postal Address **b** or **c** or **other**

Passport Photo

MUST

Be Attached Here

(*Digital shots may be emailed)

2. PRACTICE TITLE[S]

As a member of the Complementary Medicine Association you will be recognised as and expected to use the title **Naturopath** in your practice.
Please indicate any other titles you practise under:

- NATURAL THERAPIST HERBALIST MEDICAL PRACTITIONER
- NATUROPATH HOMOEOPATH CHIROPRACTOR
- OSTEOPATH MASSEUR *(identify type)
- OTHER please specify.....

3. PHOTOGRAPHS OF PRACTICE PREMISES AND FACILITIES

(N/A to Students and Associate Applicants)

PHOTOGRAPHS MUST CLEARLY SHOW THE FOLLOWING: THEY MAY BE DIGITAL SHOTS EMAILED INTO THE ADMIN OFFICE

- (a) The front elevation of the premises showing the actual street number in the photograph. This photo or additional photo's should also include any advertising material or signs on display to the public.
- (b) The waiting room.
- (c) The consulting room[s]

Step 3 is designed to assist the Federal Executive in ensuring that all new applicants have a clean and presentable practise environment for the public. ALL must be of a professional standard. It is also a requirement for automatic Health Fund registration by CMA that evidence is provided.

THE FEDERAL EXECUTIVE RESERVES THE RIGHT TO INSPECT THE PRACTICE PREMISES OF ASSOCIATION MEMBERS AT ALL TIMES.

4. ACADEMIC BACKGROUND

- [a] Secondary Education.....
- [b] Tertiary Education.....
- [c] Other academic qualifications.....
- [d] Professional Education **[CERTIFIED PHOTOCOPIES MUST BE INCLUDED WITH YOUR APPLICATION]**
- [1] University / College
-
-
- [2] Degrees / Diplomas / Certificates
-
-
- [3] Subjects / Areas under current study and present progress/Total hours completed.
-
-
- [4] SENIOR FIRST AID (Level 2) CERTIFICATE - Date of expiry.....**[photocopy must be provided with application]**

5. PROFESSIONAL PRACTICE DATA

- [a] PRACTICE DATA
- [1] Full Time Part Time
- [2] Is the practice your primary source of income Yes No
- [3] If the answer to 5 [a] part [2] is No – please indicate your primary source of income
-
- [4] Total number of hours in practice per week
- [5] Date when first commenced practicing
- [b] MODALITIES UTILIZED IN CURRENT PRACTICE
- Nutritional Therapy Homoeopathy Herbalism Tactile Others
- If you have ticked 'Tactile' or 'Others' – please specify.....
- [c] DIAGNOSTIC METHODS USED
- Symptomatology Differential Diagnosis Physiognamy Eye Diagnosis Blood
- Urine Saliva Others
- If you have ticked 'Others' – please specify
-
-

6. MEMBERSHIP CATEGORIES & ENTRY STANDARDS

Application for membership of the Association will be received by the Federal Executive and accepted conditional to the applicant adhering to the Constitution, Code of Ethics and fulfilling the following criteria.

- [a] Being that he/she is 18 years of age or above or in the case of student members 16 years or above.
- [b] That he/she is considered by the Federal Executive to be a fit and proper person to be a member of the Association.
- [c] Meet the requirement of at least one of the following membership categories.
 - [1] **FULL MEMBERSHIP;**
May be granted to the applicant providing that he/she has:
 - [i] A **minimum** Advanced Diploma of Naturopathy from an Australian Recognised Training Organisation [RTO].
 - Or [ii] A considered equivalence in both RTO and/or non RTO education and experience per CMA Policy – Notice of Change in Entry Requirements – Enacted 14th October 2007.
 - [2] **PROVISIONAL MEMBERSHIP PROVISIONAL MEMBERSHIP;**
May be awarded to practicing naturopaths who fall short of our current minimum entry requirement, and allows them to continue to practice while they upgrade their qualifications. As per CMA Policy – Notice of Change in Entry Requirements – Enacted 14th October 2007. Provisional membership is valid for a maximum of three years from the date the membership is granted,
 - [3] **STUDENT MEMBERSHIP;**
May be granted providing:
 - [i] He/she is undertaking a recognised course of training in Naturopathy at a university or at a recognised government accredited college.
 - [4] **ASSOCIATE MEMBERSHIP;**
may be granted providing he/she has a supportive interest in the Association’s Aims and Objectives, is over 16 years of age and who meets the requirements of step 6 [b].

Please note that entry standards for the CMA are regularly reviewed to reflect the growing requirements being developed within the profession.

The Executive stress that the above entry criteria can change at any time without notice and is provided as a guide only to applicants to assess their eligibility. The final decision rests with the Federal Executive of the Association who reserve the right to treat each application individually without being restricted or bound by these guidelines.

7. OTHER PROFESSIONAL MEMBERSHIPS

Please list other professional associations/bodies that you are or have been a member of:.....
.....
.....[if insufficient space please attach separate sheet]

- Have you ever been refused entry to a ‘natural therapy’ association/body? Yes No [If yes attach written explanation]
- Have you ever been disciplined or expelled from a ‘natural therapy’ association/body? Yes No [If yes attach written explanation]
- Have you ever been investigated by any health fund? Yes No [If yes attach written explanation]

8. INSURANCE

In the event of your successful application to FULL or PROVISIONAL MEMBERSHIP it will be required that you be covered by Professional Indemnity Insurance. If you are already covered please state: **[please include a copy of your certificate of currency, showing policy number and date of expiry]**

Name of Insurer:..... Policy No:.....
Amount of cover \$..... Expiry Date:..... Are you covered for public liability YES.....NO.....

If you are without cover the Association can forward to you information about cover at very competitive rates. Tick here for a copy

9. APPLICATION AND MEMBERSHIP FEES

PLEASE NOTE: Payments may be made by cheque, money order, direct deposit, internet / phone transfer or credit card. NB A processing fee applies for credit card payments. Contact the Administration office for bank account details

Where a membership is not offered on a 'First Year Free' basis, there is a non-refundable application fee of \$44.00 (including GST) which **MUST** accompany the application [except **Students** and **Associates**]. Please make this a **SEPARATE** payment.

Pro-rated initial joining fees – select and tick the membership level & fee that corresponds to the date your application is completed.

	1st Quarter Fee July – September	2nd Quarter Fee October – December	3rd Quarter Fee January - March	4th Quarter Fee April –June
FULL MEMBER \$250.00* pa [incl GST]	\$250.00	\$187.50	\$125.00	\$62.50
PROVISIONAL MEMBER \$200.00* pa [incl GST]	\$200.00	\$150.00	\$100.00	\$50.00
ASSOCIATE MEMBER \$ 55.00* pa [incl GST]	\$ 55.00 pa			
APPLICATION FEE \$44.00 [incl GST]	\$ 44.00 once only (where applicable)			

Cheques should be made payable to: **The Complementary Medicine Association Limited.**
Any unsuccessful applicant will have their cheque returned to them. *Membership renewal fees are due 1st July each year.

10. DECLARATION:

I SOLEMNLY AND SINCERELY DECLARE THAT:

- [1] I am the person named and shown in the documents accompanying this application, [which consists of 4 pages].
- [2] Documentary evidence of my educational and professional qualifications submitted with this application remain current at the date hereof and no action is pending in respect thereto.
- [3] I agree to be bound and abide by the rules and regulations established by the Federal Executive of the Complementary Medicine Association Ltd.
- [4] I acknowledge that the Federal Executive of the Complementary Medicine Association Ltd may in its absolute discretion grant or refuse membership of any or all disciplines applied for, or withhold, suspend or withdraw membership in general or in respect of any disciplines without assigning any reason therefore.
- [5] I confirm that this application is submitted with full knowledge and consent that in the event of membership being refused the application fee is not refundable.

I MAKE THIS SOLEMN DECLARATION, CONSCIOUSLY BELIEVING SAME TO BE TRUE AND BY VIRTUE OF THE PROVISIONS OF THE "OATHS ACT OF 1900 – 1935".
SUBSCRIBED AND DECLARED AT

..... thisday of2.....
location

..... before me
Applicant's signature J.P. Signature

J.P. Name

Address..... Tel.....

FORWARD TO – 'THE CMA FEDERAL ADMINISTRATION OFFICE'
P.O. Box 10770, Southport Business Centre, Southport, QLD 4215 Phone 1800 11 77 66