

# 1<sup>st</sup> YEAR GRADUATE MEMBERSHIP RENEWAL 2017/18

PLEASE print clearly



**A.N.P.A.**  
Australian Naturopathic  
Practitioners Association Inc.

Name: \_\_\_\_\_ ANPA membership No: \_\_\_\_\_

## 1. PAYMENT (Incl. GST) payable by cheque, money order, credit card or EFT.

**1<sup>st</sup> Year Discount – pay no later than June 30, 2017  
pay only \$110.00**

Payment must be received on or before (or postmarked) June 30, 2017

Late fees of \$5.50 per month will apply to payments received after August 1, 2017.

|                     |   |                   |       |
|---------------------|---|-------------------|-------|
| <b>Credit Card:</b> | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | Card holder name: | _____ |
|---------------------|---|-------------------|-------|

Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiry: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

**Cheque**     **Money Order** (Made payable to ANPA)      **AMOUNT: \$** \_\_\_\_\_

**EFT** – Commonwealth Bank of Australia    Account Name: **ANPA**    BSB: **063 334**    Account No: **1000 7809**

A tax receipt will be sent to you once your payment and renewal details have been processed.

## 2. CONTACT DETAILS - ONLY if your details have changed since last year

| Correspondence – for delivery of stationery, journals, notices, etc. | Practice Address 1 – (No PO Boxes) | Practice Address 2 – (If you have one. No PO Boxes) |
|--|------------------------------------|---|
|  |                                    |   |
| <b>Email:</b> _____  |                                    |   |

List Clinic name(s), addresses including postal codes, phone, fax, mobile and email where applicable.

### PRIVATE HEALTH INSURANCE (PHI) - Compliance Rules

**YOU ARE REQUIRED TO UPDATE THE ANPA WITH YOUR INSURANCE AND FIRST AID RENEWALS, REGARDLESS OF TIME OF YEAR. This ensures that your clients continue to receive rebates from the PHI for your naturopathy services.**

#### Privacy of Information:

Signature: \_\_\_\_\_

#### I hereby authorise the ANPA

1. to list my clinic details and website address on the ANPA website **Yes / No (please circle)**

Website address: \_\_\_\_\_

2. to provide your clinic phone number to prospective clients **Yes / No (please circle)**

3. to list your facebook address on the ANPA website **Yes / No (please circle)**

Date: \_\_/\_\_/\_\_\_\_

Facebook address: \_\_\_\_\_

## 3. FIRST AID/ INSURANCE/ CPE

- Please fill in the expiration dates for your current first aid certificate and insurance policy.
- Attach a copy of proof of these expiration dates AND your CPE record form to this.

**PLEASE NOTE if all documentation is not sent with this application form your status changes to non-member and all will be returned to you.**

|   |   |   |
|---|---|---|
| <p><b>CPE Form (20 points)</b><br/>Send <b>completed CPE form ONLY</b> – <u>no copies of attendance certificates</u>. Thank you.<br/><input type="checkbox"/> Enclosed    CPE form can be downloaded from the website <a href="http://www.anpa.asn.au/information-services/continued-professional-education-cpe">http://www.anpa.asn.au/information-services/continued-professional-education-cpe</a></p> | <p><b>First Aid</b><br/><input type="checkbox"/> Copy Enclosed:<br/>Exp dd/mm/yy ____/____/____<br/><input type="checkbox"/> Copy held at ANPA office</p> | <p><b>Insurance - \$2million minimum Professional Indemnity</b><br/><input type="checkbox"/> Copy Enclosed:<br/>Exp dd/mm/yy ____/____/____<br/><input type="checkbox"/> Copy held at ANPA office</p> |
|---|---|---|