

1st YEAR GRADUATE MEMBERSHIP RENEWAL 2020/21

PLEASE print clearly



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

Name: _____ ANPA membership No: _____

1. PAYMENT payable by cheque, money order, credit card, EFT and Online.

**1st Year Discount – pay no later than June 30, 2020
pay only \$110.00**

Your membership can also be paid in weekly or monthly instalments. Please contact the office to set up a payment plan.

Late fees of \$5.50 per month will apply to payments received after August 1, 2020.

Credit Card:	<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

Online Renewal: <https://anpa.asn.au/online-membership-renewal/>

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)
Email:		

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

Compliance Rules

YOU ARE REQUIRED TO UPDATE THE ANPA WITH YOUR INSURANCE AND FIRST AID RENEWALS, REGARDLESS OF TIME OF YEAR.

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.

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