

FELLOWSHIP MEMBERSHIP RENEWAL 2022/23

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 or EFT and Online.

Early Bird Fee – ENDS 31ST MAY 2022
Pay only \$300.00

OR

Full Fee - \$320.00 paid by June 30, 2022
*Your membership can also be paid in weekly or monthly instalments.
Please contact the office to set up a payment plan.*

Payments received after August 1st, 2022 will incur an Admin fee of \$5.50 per month.

Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Card holder name:	
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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 – COMPLETE 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: *I hereby authorise the ANPA*

Signature: _____

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)**
Facebook address: _____

Date: ___/___/_____

3. FIRST AID/ INSURANCE/ CPE

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

PLEASE NOTE All documentation MUST be returned with this application for your membership status to remain current.

<p>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 Contact the office if you prefer your CPE form to be posted.</p>	<p>First Aid</p> <p><input type="checkbox"/> Copy Enclosed: Exp dd/mm/yy ____/____/____</p> <p><input type="checkbox"/> Copy held at ANPA office</p>	<p>Insurance - \$2million minimum Professional Indemnity</p> <p><input type="checkbox"/> Copy Enclosed: Exp dd/mm/yy ____/____/____</p> <p><input type="checkbox"/> Copy held at ANPA office</p>
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