

# FULL 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 or EFT and Online.

**Early Bird Fee – ENDS 31<sup>ST</sup> MAY 2020**  
**Pay only \$320.00**

**OR Full Fee - \$350.00 paid by June 30, 2020**  
*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.

<b>Credit Card:</b>	<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 - 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.

#### 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.**

<b>CPE Form (20 points)</b> Send <b>completed CPE form ONLY</b> – no copies of attendance certificates. Thank you. <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>	<b>First Aid</b> <input type="checkbox"/> Copy Enclosed: Exp dd/mm/yy ____/____/____ <input type="checkbox"/> Copy held at ANPA office	<b>Insurance - \$2million minimum Professional Indemnity</b> <input type="checkbox"/> Copy Enclosed: Exp dd/mm/yy ____/____/____ <input type="checkbox"/> Copy held at ANPA office
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