

STUDENT APPLICATION FORM

PLEASE print clearly



A.N.P.A.

Australian Naturopathic
Practitioners Association Inc.

STUDENTS JOIN FOR FREE NOW

First Name: _____

Middle Initials: _____

Surname: _____

Phone: _____

Email: _____

I am on Facebook I am on Twitter

RESIDENTIAL ADDRESS

Street: _____

Suburb: _____

State: _____ Post Code: _____

STUDENT INFORMATION

Education Provider: _____

Current Study Year: 1st year 2nd year

3rd year 4th year Higher

Enrolment Address: _____

Date of graduation: _____

Course Name: _____

Enrolment Status: Full Time

Part Time

Student Number: _____

CONSENT

I consent to the ANPA contacting my education provider requesting information to verify my student status.

I hereby declare that all the information is accurate and consent to ANPA making all the necessary checks. I have not been convicted of a criminal offence in Australia or overseas. I acknowledge that ANPA may grant or refuse membership without assigning any reason. If accepted as a Member of ANPA, I agree to be bound by the rules and regulations established by ANPA.

Signed: _____

Date: _____