



bowen association australia

Incorporated in Victoria on 7 January 1998 A0035959J

Application for Full or Accredited Membership

You are invited to apply to join the Association by completing the following form and attaching the necessary documents which are listed overleaf. Please provide the appropriate documentation according to your qualification.

Surname:		Given Name:		Title:
Postal Address:			Suburb:	
State:	Postcode:	Email:		
Landline:		Mobile:		
1 Clinic Street Address:				
			Suburb:	Postcode:
Business Phone:				
2 Clinic Street Address:				
			Suburb:	Postcode:
Business Phone:				
Please note: Only the Business Phone/s nominated and the actual Suburb of your Clinic/s will be listed on the BAA website				

I hereby apply for membership of the Bowen Association of Australia Inc. as :-

a	<input type="checkbox"/>	A Full Member (Cert IV in Bowen Therapy)	\$170.00
b	<input type="checkbox"/>	A Full Member - Animal Bowtech (Professional Practitioner Award)	\$170.00
c	<input type="checkbox"/>	An Accredited Member (Diploma of Bowen Therapy)	\$170.00
d	<input type="checkbox"/>	Dual Membership <input type="checkbox"/> a plus b or <input type="checkbox"/> c plus b	\$190.00

In the event of my admission as a Full or Accredited Member I agree to be bound by the Rules of the Association, the Code of Conduct and the Code of Ethics. I authorise the Bowen Association of Australia to provide my information to the Health Funds as required.

Enclosed is an amount of \$.00 being the Membership fee for one year from date of admission.
Please see overleaf for payment options.

Signed: _____ Dated: _____

Please post application along with documents and remittance to the Treasurer:

Bowen Association of Australia PO Box 744 Hamilton Central Qld 4007

Bowen Association of Australia
PO Box 744 Hamilton Central Qld 4007

Email: admin@bowen.org.au
Phone: 1300 780 638 Fax 07 3112 6869

Please complete and attach all relevant documentation appropriate for the level of membership for which this application is being made.

Full Member	<input type="checkbox"/>	a	A copy of your Certificate IV in Bowen Therapy
Full Member - Animal Bowtech	<input type="checkbox"/>	b	A copy of your Professional Practitioner Award
Accredited Member	<input type="checkbox"/>	c	A copy of your Diploma of Bowen Therapy
Dual Membership	<input type="checkbox"/>	d	<input type="checkbox"/> a plus b or <input type="checkbox"/> c plus b
Plus			
<input type="checkbox"/>	A copy of your current Intermediate (Senior) First Aid Certificate		
<input type="checkbox"/>	A copy of your Professional Indemnity Insurance - if not currently insured it is a requirement that a copy of PI Certificate be forwarded to the Association within 30 days of receiving notification of acceptance of membership		
The Association is required to hold current copies of the above forms			

METHOD OF PAYMENT

Important - Please note that if paying by credit card a **surcharge fee of \$2.50 will automatically be added to the remittance fee**. This surcharge fee is to cover costs the Bank charges the BAA for any credit card transaction.

Name:	
Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Money Order <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>	
Total Amount \$ _____ (including \$2.50 if credit card surcharge)	
Credit Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder's Name:	Signature: