

## Application for Full, Accredited or International 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 Names:	
Postal Address:			
Suburb:	State:	PCode:	Country:
DOB:	Email:		
Landline:		Mobile:	
1 Clinic Street Address:			
Suburb:	State:	PCode:	Country:
Business Phone:			
2 Clinic Street Address:			
Suburb:	State:	PCode:	Country:
Business Phone:			
<b>Please note:</b> 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 :-

<b>a</b>	<input type="checkbox"/>	A Full Member (Cert IV in Bowen Therapy)	\$200.00
<b>b</b>	<input type="checkbox"/>	A Full Member - Animal Bowtech (Professional Practitioner Award)	\$200.00
<b>c</b>	<input type="checkbox"/>	An Accredited Member (Diploma of Specialised Bowen Therapy)	\$200.00
<b>d</b>	<input type="checkbox"/>	An International Member (International Certificate of Bowen Therapy) *	\$200.00
<b>e</b>	<input type="checkbox"/>	Dual Membership <input type="checkbox"/> a plus b or <input type="checkbox"/> c plus b	\$215.00

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

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 319 Mortdale NSW 2223**

Bowen Association of Australia  
PO Box 319 Mortdale NSW 2223

Email: [admin@bowen.org.au](mailto:admin@bowen.org.au)  
Phone: 1300 780 638 Fax 02 8834 0711

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"/>	<b>a</b>	A copy of your Certificate IV in Bowen Therapy
Full Member - Animal Bowtech	<input type="checkbox"/>	<b>b</b>	A copy of your Professional Practitioner Award
Accredited Member	<input type="checkbox"/>	<b>c</b>	A copy of your Diploma of Specialised Bowen Therapy
International Member	<input type="checkbox"/>	<b>d</b>	A copy of your International Certificate of Bowen Therapy *
Dual Membership	<input type="checkbox"/>	<b>e</b>	<input type="checkbox"/> a plus b or <input type="checkbox"/> c plus b
<b>Plus</b>			
<input type="checkbox"/>	A copy of your current Provide First Aid Certificate - HLTAID003 for Full and Accredited Member. For International Member, the minimum First Aid Certificate required by law in the country of practice.		
<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 minimum Professional Indemnity Insurance requirement is \$2 Million per claim (or occurrence)		
<input type="checkbox"/>	If the period since attaining the qualification is greater than 12 months please attach evidence of any relevant continuing education.		
	* International Certificate of Bowen Therapy as issued by Bowen Training Australia		
<b>The Association is required to hold current copies of the above forms</b>			

## METHOD OF PAYMENT

Name:	
Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Money Order <input type="checkbox"/> Cheque <input type="checkbox"/>	
Total Amount \$	
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"/> <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: