

Incorporated in Victoria on 7January 1998 A0035959J

## What is the BAA and why join as a Student Member?

#### The BAA

The professional association for Bowtech trained Bowen Therapists.

When you have attained the Cert IV in Bowen Therapy 10846NAT you will be able to join the Association as a Full Member, and when you have completed the Diploma of Specialised Bowen Therapy 10847NAT as an Accredited Member. The Association represents you as a practitioner and gives you professional recognition and representation.

As well as giving you professional recognition, the BAA is responsible for developing and maintaining the highest professional standards of conduct and practice amongst its members. The BAA represents the practitioner in matters such as insurance and disciplinary actions against members. It also acts as a voice between the practitioner and the teaching arm of Bowen, which is the Bowen Therapy Academy of Australia or with the affiliated Bowen Training Australia RTO#41134. It is committed to maintaining the highest standard of education and training of Bowen Technique and to sponsoring research.

## Why become a Student Member

As a Student Member you will receive a Student Member's Kit which is packed full of information, copies of our triannual newsletter, be able to log on to our website to access the Members Area, be kept up to date with any changes; with information you will need as a practitioner and with all the events taking place in the BAA.

By joining your Association, the BAA, you can help increase its strength and support base and, through that, increase the overall awareness and acceptance of Bowen Therapy in the wider community.

### How much does it cost to become a Student Member?

It doesn't cost anything! So think what you have to lose and how much you have to gain. Fill in the form overleaf and become a Student member of your Association - the Bowen Association of Australia.

APPLICATION FORM OVERLEAF



Incorporated in Victoria on 7January 1998 A0035959J

# Application for Student Membership

Name:				
Postal Address:				
Suburb:		State:	PCode:	
Home Phone:		Mobile:		
DOB:	Email:			
Instructor:				
College at which you are unde	ertaking study:			
I wish to become a Student Me In the event of my admission Association, the Code of Conc Signed:	n as a Student Me duct and the Code	ember I a of Ethics.		
or Tick Box if completing	electronically			
Dated:				
Please hand this completed a	pplication back to	your Instru	ıctor, email d	lirectly to the BAA Office or

your details will be saved within the form and then email to the BAA Office at the address below.

If completing and submitting this form electronically, please press 'Save As' on completion so that

post it to the BAA Office at the address below: