



Associate Membership Application to the Australian Register of Naturopaths and Herbalists (ARONAH)

This application form can be submitted via email at memberships@aronah.org or via post to:

ARONAH
PO Box 519
Paddington
Qld 4064

1) Criteria of inclusion

In which division(s) of the profession are you applying?

- Naturopath (not already an ARONAH member)
- Western Herbalist (not already an ARONAH member)
- Other health practitioner (please specify) _____
- Individual within a corporation (please specify corporation) _____
- Individual - not a health practitioner (please specify occupation) _____

2) Personal details

Title: Mr Mrs Miss Ms Dr Other: _____ (Specify)

First given name:		Middle name(s):	
Family name:		Previous names known by (e.g. maiden name):	
Date of birth: (dd/mm/yyyy)		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:		State/Territory of birth (if within Australia):	

3) Contact information

Mobile		After hours	
Email			
Residential address			
City/Suburb/Town			
State/International province		Postcode	

4) Qualification for the profession

What qualifications do you currently have in relation to naturopathy or Western herbal medicine?

None – go to the next section

Title of qualification 1	
Name of institution (University/College/Examining body)	
Completion date (estimate is ok)	

Title of qualification 2	
Name of institution (University/College/Examining body)	
Completion date (estimate is ok)	

Attach a separate sheet if all your qualification details do not fit in the space provided

5) Suitability statements

Information required by the Board to assess your suitability for associate membership is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach an expeditious and informed decision.

Do you have a naturopathic or Western herbal medicine professional association membership?

No Yes

Name of Association		Membership No	
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Name of 2 nd Association (if applicable)		Membership No	
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Have you currently or previously had ANY registration or professional association membership cancelled, refused or suspended in Australia or overseas?

- Yes – You **must** attach to this application details of any cancellation, refusal or suspension.
 No

6) Consent, membership and obligations

Before you sign and date this form: Make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form.

Application to become an **associate** member of Australian Register of Naturopaths and Herbalists Limited A.C.N. 147 439 469

Consent

I consent to the Board and ARONAH making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my associate membership or otherwise regarding matters relevant to this application.

I understand that:

- the Board may validate documents provided in support of this application as evidence of my identity, and
- failure to complete all relevant sections of this application and enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all Board register standards, codes, and guidelines where relevant to me as an associate.

I declare that:

- that the above statements, and any documents provided in support of this application, are true and correct, and
- I am the person named on this form.
- I make this declaration in the knowledge that a false statement is grounds for the Board to refuse associate membership.
- I hereby consent(s) to become an associate member of ARONAH and in so doing, adopt(s) and agree(s) to be bound by the constitution of the Company.
- I hereby agree(s) to provide a guarantee not exceeding one dollar (\$1.00) to defray such liabilities and expenses of the Company upon its winding up or dissolution.

Name of applicant:	Signature of applicant:
Date (dd/mm/yyyy):	