

Student Membership

Please email your completed application form to memberships@aronah.org

1) Criteria of inclusion

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

☐ Naturopathy ☐ Western Herbal Medicine ☐ Both Naturopathy and Western Herbal Medicine

N.B. To be considered for registration in a division once qualified, evidence of a qualification which clearly names the division must be provided. To be considered for registration for dual registration (membership in both naturopathy and Western herbal medicine divisions) you will need to provide evidence of qualification and competence for each division separately

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: ☐ Male ☐ Female ☐ Other: _____ (specify)

3) Contact Information

Mobile: _____

Email address: _____

Residential address: _____

City/Town/Suburb: _____

State: _____

Postcode: _____

4) Qualification Details

Division of registration applicable to:

☐ Naturopathy ☐ Western Herbal Medicine ☐ Both Naturopathy and Western Herbal Medicine

Title of Qualification 1	
Name of institution (University/College/Examining body)	
Student number	
Estimated completion date	

Division of registration applicable to:

☐ Naturopathy ☐ Western Herbal Medicine ☐ Both Naturopathy and Western Herbal Medicine

Title of Qualification 2	
Name of institution (University/College/Examining body)	
Student number	
Estimated completion date	

Division of registration applicable to:

☐ Naturopathy ☐ Western Herbal Medicine ☐ Both Naturopathy and Western Herbal Medicine

Title of Qualification 3	
Name of institution (University/College/Examining body)	
Student number	
Estimated completion date	

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

5) Sustainability Requirements

The following questions provide the information required by the Board to assess your eligibility for Associate Membership. Please provide sufficient detail to support an informed and timely assessment of your application.

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

☐ No ☐ Yes (information provided below)

Name of association: _____

Membership No. _____

Have you currently or previously had ANY registration or professional association membership cancelled, refused or suspended in Australia or overseas?

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

6) Declaration & Consent

Before signing this application

Please ensure that you have answered all relevant questions, provided the required supporting documentation, and read the statements below. Incomplete applications may delay assessment and you may be asked to provide further information or submit a new application.

Application for Student Membership of the Australian Register of Naturopaths and Herbalists Limited (ARONAH) A.C.N. 147 439 469

Consent

I consent to the ARONAH Board making enquiries and exchanging information with relevant authorities in any Australian state or territory, or other country, where reasonably necessary to verify information provided in this application or assess matters relevant to my application for Student Membership.

I understand that:

- ARONAH may verify documents and information provided in support of this application, including documents provided as evidence of my identity.
- Failure to complete all relevant sections or provide required supporting documentation may result in my application being delayed or not accepted.
- As a Student Member, I am expected to comply with ARONAH standards, codes and guidelines to the extent that they are applicable to Student Membership.

Declaration

I declare that:

- The information provided in this application, and any supporting documentation I have provided, is true and correct to the best of my knowledge.
- I am the person named in this application.
- I understand that providing false or misleading information may be grounds for the Board to refuse or revoke my Student Membership.
- I consent to becoming a Student Member of ARONAH and agree to be bound by the Constitution of the Australian Register of Naturopaths and Herbalists Limited.
- In accordance with the Company's Constitution, I undertake to contribute an amount not exceeding **\$1.00** towards the liabilities and expenses of the Company in the event of its winding up or dissolution.

Name of Applicant: _____

Date: _____

Signature of Applicant: _____

Please send your completed application form and any required supporting documentation to:

Email: memberships@aronah.org

Subject line: *Your Full Name – Student Membership Application*