



# Australian Traditional Medicine Society Associate Membership Application Form

Australian Traditional-Medicine Society (ATMS) was founded in 1984 as a not-for-profit company incorporated with the Australian Securities and Investments Commission (ABN 46 002 844 233).

ATMS promotes and represents professional practitioners of natural medicine, who are encouraged to pursue the highest ideals of professionalism in their natural medicine education and practice.

The ATMS Constitution may be downloaded from the website [www.atms.com.au](http://www.atms.com.au)

As at April 2017, ATMS had 11,000 financial members, representing about 65% of all natural medicine practitioners nationally.

ATMS has three categories of membership:

- Accredited member
- Student member
- Associate member

## Associate Membership

ATMS Associate membership is available to anyone who supports the work of ATMS, or wishes to subscribe to the Journal of the Australian Traditional-Medicine Society.

**ATMS Associate membership is not a practitioner category.**

Applying is easy. Just complete the Application Form on the reverse, and submit it to ATMS with:

- A passport size photograph.
- Cheque, money order or credit card details.

All applicants must be at least 18 years of age and of good character.

## Membership Fee

Membership fees are based on the financial year. To join ATMS between July and December (full year), the membership fee is \$130. To join ATMS between January and June (half year) is \$90. All memberships expire on the 30th June each year.

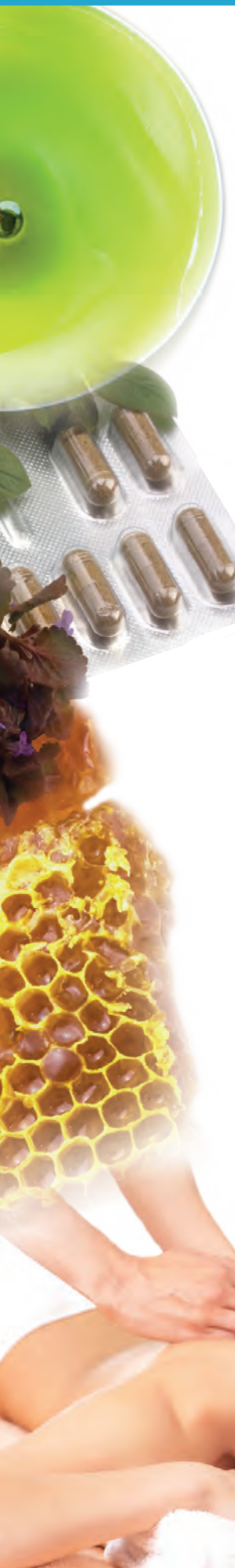
The fees listed above includes the administrative fee and GST and is correct at time of publication, but is subject to change without notice.

## Benefits of Associate Membership

- Journal of the Australian Traditional-Medicine Society (a peer reviewed quarterly publication).
- Membership of Australia's largest natural medicine association.
- Subsidised entry to selected seminars and other ATMS events.
- ATMS website: [www.atms.com.au](http://www.atms.com.au).
- Free subscription to the ATMS Wise-N-Well eNewsletter.

## ATMS Contact Details

Registered Office: Unit 12, 27 Bank Street, Meadowbank NSW 2114  
Postal Address: PO Box 1027 Meadowbank NSW 2114  
Telephone: 02 8878 1500 • Facsimile: 02 9809 7570 • Toll Free: 1800 456 855  
Email: [info@atms.com.au](mailto:info@atms.com.au) • Website: [www.atms.com.au](http://www.atms.com.au)  
 [www.facebook.com/atmsnatmed](https://www.facebook.com/atmsnatmed) •  [www.twitter.com/atmsnatmed](https://www.twitter.com/atmsnatmed)  
 [www.atms.com.au/blog](http://www.atms.com.au/blog)



# APPLICATION FOR ASSOCIATE MEMBERSHIP AUSTRALIAN TRADITIONAL MEDICINE SOCIETY LTD

ABN 46 002 844 233

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## Personal Details

First Name   
Surname   
Postal Address   
Suburb  State  Postcode   
Home telephone (for ATMS office use only)  Mobile   
Email   
Gender  Female  Male  
Date of Birth  Country of Birth   
Have you been known under any other name/s?  Yes  No

If yes, please state names.

*(If your name is different on any of your submitted documentation, evidence of legal name change may be required)*

Have you ever been convicted of a criminal offence, had a complaint made against you considered by a complaints or disciplinary body including other associations, been suspended or expelled from another association, or been investigated, suspended or deregistered as a provider from a health fund?

If yes, give details

Have you been a previous member of ATMS?  Yes  No If yes, membership number

## Additional Information

How would you like to receive the Journal of the Australian Traditional-Medicine Society?  Electronically  Hard Copy

How did you hear about ATMS?  ATMS Presentation/Material  College Lecturers  Your practitioner/friends

Social Media (please specify)  Other

## Payment Details

July - June (Full Yr) Jan - June (Half Yr)

Associate Membership \$130 \$90 *(both fees include administrative fee and GST)*

Mastercard  Visa  Cheque/money order

Card number

Expiry date  Amount enclosed \$

Name of card holder

Signature of card holder

Prices are correct at time of publication, but are subject to change without notice. For applicants that do not proceed with membership, an administrative fee will be forfeited.

## Declaration

I declare that the information in this application and supporting documentation is true and correct. I agree to abide by the ATMS Constitution, Code of Conduct and official ATMS policies.

Signature  Date

(Note: All sections above must be completed for your application to be processed.)

Submit this application to ATMS, PO Box 1027, Meadowbank NSW 2114  
Toll Free: 1800 456 855 • Telephone: (02) 8878 1500 • Fax: (02) 9809 7570  
Email: [info@atms.com.au](mailto:info@atms.com.au) • Website: [www.atms.com.au](http://www.atms.com.au)