



# ATMS

Australian Traditional-Medicine Society

Let ATMS help you with your studies, assignments & research projects –

## ALL FOR FREE!



Join a community of 10,000 practitioners representing over 20 therapies including – Naturopathy, Nutrition, Chinese Medicine, Herbal Medicine, Massage and more.

### BENEFITS OF STUDENT MEMBERSHIP

- Full access to the EBSCO Alternative Medicine research package for FREE. This premium research package includes over 1,600 full text natural medicine and allopathic medicine journals, textbooks, 100s of evidence based Clinical Summaries and nearly 10,000 Exercise Images.
- Discounts to the Continuing Professional Education (CPE) program, with 100s of workshops, seminars and webinars Australia wide.
- A digital subscription to the peer reviewed Journal of the Australian Traditional-Medicine Society (JATMS).
- Regular updates on the latest natural medicine research, news, policies, and health fund requirements via a monthly e-newsletter.
- Be recognised for your achievements in the ATMS Natural Medicine Awards as Student of the Year.
- Eligibility to apply for the ATMS Simon Schot Education Grants.
- Upon completion of your qualification, ATMS student members can upgrade to an accredited membership for \$100.

### APPLY IN 3 EASY STEPS

#### STEP ONE

Complete the Application Form on the reverse

#### STEP TWO

Attach all required documentation:

- Proof of your enrolment in current full or part-time study in an ATMS approved course, with the full name(s) and any course codes for your course(s) listed on the College document/letter you send to us.
- A Passport size photograph.
- If you have a different name on your enrolment document, legal proof of name change.

#### STEP THREE

Submit the application to ATMS



### ATMS CONTACT DETAILS

## ATMS

PO Box 1027 Meadowbank NSW 2114

Telephone: 02 8878 1500 Facsimile: 02 9809 7570

Toll Free: 1800 456 855

info@atms.com.au www.atms.com.au

@ATMSNATMED @NATURALMEDICINEAU

@AUSTRALIAN TRADITIONAL-MEDICINE SOCIETY

**Kick-start your career in natural medicine by joining ATMS for the *Transition to Practice Seminar – from the classroom to the clinic.***

**ONLY \$25**

CHECK THE WEBSITE FOR DATES AND LOCATIONS.

# APPLICATION FOR STUDENT MEMBERSHIP AUSTRALIAN TRADITIONAL MEDICINE SOCIETY LTD

ABN 46 002 844 233

Affix  
photo  
here

## Step 1 - 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 name/s.

**(NOTE: IF YOUR NAME IS DIFFERENT ON ANY OF YOUR SUBMITTED DOCUMENTATION, EVIDENCE OF LEGAL NAME CHANGE MAY BE REQUIRED)**

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

## Step 2 - College Enrolment / Qualification Details

Name of qualification being undertaken

Name of teaching institution you are attending

Address of teaching institution you are attending

Date studies commenced  Expected completion date

Do you authorise ATMS to contact your college on your behalf to confirm enrolment or other study details?  Yes  No

**(NOTE: PLEASE ATTACH PROOF OF CURRENT ENROLMENT.)**

## Step 3 - Additional Information

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

Social Media (please specify)  Other

## Step 4 - Checklist

I have attached the following required documentation to support my application for student membership:

- Evidence of current enrolment (NOTE: Letters of Offer or student ID cards are NOT considered sufficient evidence.)  Yes  No
- Passport sized photograph of yourself  Yes  No
- Proof of legal name change, if your name is different on any of your documentation.  Yes  No

**(NOTE: ALL SECTIONS ABOVE MUST BE COMPLETED AND ALL REQUIRED DOCUMENTATION SUBMITTED FOR YOUR APPLICATION TO BE PROCESSED.)**

## Step 5 - Declaration

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?  Yes  No

If yes, give details

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 AND ALL REQUIRED DOCUMENTATION SUBMITTED FOR YOUR APPLICATION TO BE PROCESSED.)**

Submit this application by email to [info@atms.com.au](mailto:info@atms.com.au) or by mail to ATMS, PO Box 1027, Meadowbank NSW 2114