

SCHEDULE OF FEES

NATURAL THERAPIES PRACTITIONER

CLASS OF MEMBERSHIP	JOINING FEES	ANNUAL FEES
ASSOCIATE MEMBER	\$0.00	\$140.00
GRADUATE MEMBER	\$0.00	\$160.00
FELLOW	\$0.00	\$220.00
AFFILIATE MEMBERSHIP		\$100.00

NATURAL MEDICINE PRACTITIONER AND CHINESE MEDICINE PRACTITIONER

CLASS OF MEMBERSHIP	JOINING FEES	ANNUAL FEES
SENIOR FELLOW	\$0.00	\$300.00
SENIOR RESEARCH FELLOW	\$0.00	\$340.00

Please note that a pro-rata payment applies for the first year. This applies for New Members as well as Members Re-Joining

SOCIETY OF NATURAL THERAPISTS AND RESEARCHERS (SNTR) INCORPORATED

[Incorporated in Queensland, Australia]

APPLICATION

for

"FULL" MEMBERSHIP AS A PRACTITIONER

I,.....hereby apply for Professional Membership AND Accreditation of the "Society of Natural Therapists and Researchers (SNTR) Incorporated" with the status of:

Natural Therapies Practitioner	Natural Medicine Practitioner
Please Tick Appropriate Box(es)	
(A) Associate <input type="checkbox"/> (C) Fellow <input type="checkbox"/>	(A) Senior Fellow <input type="checkbox"/>
(B) Graduate <input type="checkbox"/> If a Student please tick here <input type="checkbox"/>	(B) Senior Research Fellow <input type="checkbox"/>

FULL NAME	Dr/Mr/Mrs/Ms
------------------	--------------

HOME ADDRESS	
	POSTCODE:

POSTAL ADDRESS	
	POSTCODE:

MARITAL STATUS	DATE OF BIRTH	
TELEPHONE	(If Applicable) DRIVERS LICENCE	NO.

PRESENT OCCUPATION	HIGHEST EDUCATIONAL STANDARD ACHIEVED
---------------------------	--

BUSINESS NAME & ADDRESS	POSTCODE:
------------------------------------	------------------

BUSINESS TELEPHONE NO	NOMINEES=1	SNTR MEMBER
------------------------------	-------------------	--------------------

PLEASE LIST PRESENTLY HELD QUALIFICATIONS	
--	--

DATED THIS.....DAY OF..... 20..... SIGNED:.....

Please attach one (1) recent passport photograph with your application, as well as the relevant joining and Annual subscription fee, together with a Statutory Declaration as to the authenticity of credentials.

Cheques should be made Payable to the "Society of Natural Therapists and Researchers (SNTR) Incorporated" and not to any individual. Payment can be made via bank transfer:-

NAB SNTR Inc. BSB: 085 005 A/C: 53807 1126

Proof of Professional Indemnity is also required. Please include a photocopy of all certificates, including First Aid etc. Should your application be unsuccessful, all fees will be refunded.

Please send the completed form to:

The Treasurer
Society of Natural Therapists & Researchers (SNTR) Inc.
262 Young Street
Wayville SA 5034
Email: sntraust@gmail.com.au

REGISTRY INFORMATION FORM

SOCIETY OF NATURAL THERAPISTS AND RESEARCHERS (SNTR) INCORPORATED

[Incorporated in Queensland, Australia]

This form facilitates the "SNTR Registration Coding System" for Accreditation by the Society

FULL NAME	
-----------	--

POSTAL ADDRESS FOR CORRESPONDENCE	
	POSTCODE:

BUSINESS NAME & ADDRESS	
-------------------------	--

P.O. Box not sufficient

BUSINESS TELEPHONE NO		Email	
-----------------------	--	-------	--

SNTR Membership No:	
State or Territory Provider No. (If applicable)	

Do you have a criminal	No	Yes	record?	No	If yes please state details on a separate paper
------------------------	----	-----	---------	----	---

The standard for any of the following listings at items 1 – 5 below, is the holding of relevant professional qualifications acceptable to the Society, issued by an educational establishment recognized by the Society, together with 'full membership' status of the Society.

These Professional listings are in accordance with the restricted Professional listings cited in Regulation 4 of the Therapeutic Goods Regulations

MODALITY	YES/NO	QUALIFICATIONS HELD
1. Herbalist		
2. Homoeopathic Practitioner		
3. Naturopath		
4. Nutritionist		
5. Practitioner of Traditional Chinese Medicine		

These Professional listings are not in accordance with the restricted Professional listings cited above at Items 1-5

MODALITY	YES/NO	QUALIFICATIONS HELD
6. Remedial MassageTherapy		
7. Oriental Massage Therapy		
8. Aromatherapy		
9. Kinesiology		
10. Shiatsu		
11. Other Natural Health Modalities		

All applicants must produce proof that they have professional indemnity insurance.

Have you ever been dismissed from another Associations YES..... NO.....

Please List all Associations that you belong to:	
--	--

