



Society of Natural Therapists and Researchers (SNTR) Incorporated
 In affiliation with
Australian Charter of Natural Health Practitioners

Member Application Form

I, hereby apply for Professional Membership Accreditation with the Society of Natural Therapists and Researchers.

The standard for any of the following modality listings, is the holding of relevant professional qualifications acceptable to the Society, issued by an educational establishment (R.T.O.) providing Vet approved courses and 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 and relevant Government Departments.

MODALITY	YES/NO	QUALIFICATION HELD	YEAR AWARDED
Aromatherapy			
Acupuncture			
Chinese Herbal Medicine			
Western Herbal Medicine			
Homeopathy			
Remedial Massage			
Naturopathy			
Nutritionist			
Other			
Other			
Other			

Special Offer:

SNTR’s year starts 1st March each year. Practitioners transferring from another organization before 1st March 2020 will receive that membership time free.

Transferring Practitioners will receive a discount of \$50 off all listed fees.

Plus, free membership for one year to The Australian Charter of Natural Health Practitioners.

Certificates are renewed each year upon payment of annual fees.

Signature..... Date.....// 20.....

REGISTRY INFORMATION

Full Name Dr/Miss/Mr/Mrs/Ms..... D.O.B.....

Email Address.....

Web Site.....

Clinic Name..... A.B.N.....

1. Clinic Address

..... P/Code Ph

2. Clinic Address

..... P/Code Ph

3. Clinic Address.....

..... P/Code Ph

Postal Address P/Code Ph

Telephone Home.....

Mobile No.....

Drivers Licence No.....

REQUIREMENTS

Please provide a photocopy of all Certificates, diplomas etc.

Do you have a current First Aid Certificate? Y/N. (If yes please provide a copy of certificate)

Current Professional Indemnity Insurance certificate Y/N. (if yes please provide copy of certificate)

Provide a current passport size photograph

Are you a member of any other Professional Organizations? List.....

Have you ever been dismissed from another Professional Organization? Y/N (If yes provide details on a separate paper)

Do you have a criminal record? Y/N (If yes provide details on separate paper)

How did you hear about SNTR?

SEND: Scan all documents etc and email to president@sntr.com.au (Preferred)

Post to; The President, SNTR, PO Box 191, Landsborough, Qld 4550 Australia

Phone: Dennis 0417 736 881

After accepting your application, SNTR will notify you of your membership level and fees payable.

Payment is by Bank Transfer

Society of Natural Therapists and Researchers (SNTR) Incorporated and not to any individual.

Bank Transfer NAB SNTR BSB: 085 005 A/C: 53807 1126