



Therapeutic Touch . . .
association of australasia inc.

Section A: Personal Details:

I _____ (Name)

Of _____ (Street)

_____ (Suburb) _____ (State) _____ (Postcode)

Home Phone: _____ Bus Phone: _____

Mobile Phone: _____ Email: _____

I do hereby apply to become a member of the Therapeutic Touch Association of Australasia Inc. in the capacity of _____ (Tick the Member Category Box)

General \$75.00

Student Member \$35.00

Concession Member \$35.00

Affiliate member to receive newsletters - \$35.00

I undertake to comply with TTA Code of Conduct and Ethics.

I certify that all the information contained in this application is true and correct.

Signature of Applicant _____ Date _____

This Application is for the following: (Please Circle)

New Application

Renewal of Membership

Please Note: New Applicants are required to complete Sections A, B, & C of this form and tick the box in agreement that they will undertake to comply with the Code of Conduct and Ethics. Renewing Members are required to complete Sections A & B of this form, and Section C if they have updated their Therapeutic Touch qualifications in the previous year.

Section B: Payment Method:

Direct deposit : Please ensure that the code is used for payments when they are directly deposited to the TTAA account below

The code must include your surname

BSB : 013 355 Account no : 309174906

Code for membership payments - Mem..... (and your surname) eg memsmith

Code for purchases of merchandise - Merch... (and your surname)

Cheque Money Order

(Please Tick the relevant box)

(Cheques and money orders to be made out to: **Therapeutic Touch Association of Australasia Inc.**)

Credit Card: Visa Master card

Name on Card: _____

Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _

Cardholder's Signature: _____ CVV number

Total Amount: _____

Membership prices

General member \$75
Concessional member \$35
Student member \$35
Affiliate Member \$35

Section C: Further Information:

Renewing Members need only include the details of training completed in the previous year.

Please Circle

1. Have you had any training in Therapeutic Touch (Krieger/Kunz method)?

Yes No

If Yes then please complete the following table:

<u>Level</u>	<u>Teacher</u>	<u>Date(s)</u>	<u>Hours</u>
<i>Eg:Basic</i>	<i>Ms X</i>	<i>01 01.01</i>	<i>24</i>

2. How do you use Therapeutic Touch
Self, family & friends, professional practice, teaching

3. Which, if any, other therapies are you trained in? - Please give details

***Please complete the relevant sections of this TTAA Membership form and return to:
Lainie Rawlins
TTAA Treasurer
PO Box 595, Hahndorf SA 5245
Phone: 0400141723***

Receipts will be issued to all members after the receiving of payment