

Association of Remedial Masseurs Incorporated

P.O. Box 317 Strathfield NSW 2135, Australia

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MEMBERSHIP RENEWAL 2008/2009

\$140.00 annual fee due: 1 April 2008

Please complete this form and return it with your payment.

Please note: An \$11 late fee will apply to payments made after 31 May 2008. Members who become un-financial will lose their ARM member benefits and their provider status with the Health Funds shall lapse.

Section 1 ARM Accredited Member renewal details for 2008/2009

Name: _____ Member No: _____

Business Address: _____ P/C _____

Mailing Address: _____ P/C _____

Telephone: (home) _____ (business) _____

Mobile No: _____ (email) _____

Please submit copies of the following documents to be eligible for provider status with Health Funds:

Office Use Only

- 1. Current Copy of your Certificate of Currency from your Insurance Company
- 2. Current Senior First Aid
- 3. Continuing Professional Education Log (2007 – 2008) plus copies of all supporting documents with this form

Section 2 ARM directory renewal details for 2008/2009

Please complete the details below if you would like to be included in the ARM Directories for the 2008/2009 year. Each membership renewal is entitled to one (1) **free listing** in the **ARM Massage Directory** and ARM web directory on the Internet. Extra listings are available for an **additional charge** of \$16.50

Name: _____

Referral Suburb: _____

Telephone: _____

Your business or clinic name can be included for an **additional charge** of \$16.50

Name: _____ (up to 25 characters).

Please note: Only the details in **Section 2** can be included in the ARM Directories. Incomplete details or non-requested information will not be published. The ARM does not assume responsibility for incorrect submissions or liability resulting from omissions or inaccuracies in the publications.

Section 3 Payments (GST included).

Item	Qty	Unit Price	Sub Total
Renewal fee	1	\$140.00	\$140.00
Late fee (if after 31 May)	1	\$11.00	
Extra directory listing		\$16.50	
Business or clinic name		\$16.50	
TOTAL			\$

Enclosed is a cheque/money order, or please debit my: Bankcard MasterCard Visa

Card Number: Expiry Date: ____/____

Name on card: _____ Signature: _____