



## Member Application Form

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

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, a Registered Training Organisation (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	NAME OF QUALIFICATION HELD Course Code & Teaching Institution (Aust/Overseas)	DATE AWARDED
Aromatherapy			
Acupuncture			
Chinese Herbal Medicine			
Western Herbal Medicine			
Homeopathy			
Remedial Massage			
Naturopathy			
Nutritionist			
Other			
Other			

I declare that the information in this SNTR application and supporting documentation is true and correct.

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

# 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 .....

Medibank allows 3 Remedial Massage clinics only. All other private health funds accept 4 clinic addresses.

Postal Address .....P/Code .....Ph .....

Telephone Home.....

Mobile No.....

## REQUIREMENTS to be emailed

- Qualifications, certified documents. If AHPRA approved, please forward current registration certificate.
- Current First Aid Certificate.
- Current Professional Indemnity Insurance Certificate.
- Working with Children/Working with Vulnerable People. Y/N
- Provide a current passport size photograph.
- Copy of Drivers Licence or Birth Certificate or Passport
- Are you a member of any other Professional Organisations? Please List .....
- Please provide current Provider Numbers from your Professional Organisation.
- Have you ever been dismissed from another Professional Organisation? Y/N  (If yes, provide details separately)
- Do you have a criminal record? Y/N  (If yes, provide details separately)
- How did you hear about SNTR? .....

Please email certified copies of all document, Certificates, Diplomas, Academic Transcripts to [sntraust@gmail.com](mailto:sntraust@gmail.com)

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

Payment is by Bank Transfer to [Society of Natural Therapists and Researchers \(SNTR\) Incorporated](#) and not to any individual. [Bank Transfer NAB SNTR BSB:085 005 A/C: 53807 1126](#)

Thank you for your application.

Teresa Jezioranski SNTR Treasurer/Recorder: 0428 306 956