

The New Zealand Association of Medical Herbalists (1983) Inc.



APPLICATION FOR MEMBERSHIP

I wish to apply for STUDENT MEMBERSHIP

FULL NAME:

DATE OF BIRTH:

BUSINESS NAME:

HOME PHONE:

ADDRESS:

BUSINESS PHONE:

EMAIL

DETAILS OF HERBAL TRAINING:

Include College currently attending, year of expected completion.

College

Course Title

Year Expected to Graduate

LIST OTHER THERAPIES THAT YOU PRACTISE OR HAVE PRACTISED:

OTHER TERTIARY QUALIFICATIONS:

INSTITUTE

QUALIFICATION

YEAR

PREVIOUS WORK HISTORY

ARE YOU CURRENTLY INVOLVED IN ANY OTHER BUSINESS OR PROFESSION?

Provide details below:

ANY OTHER DETAILS YOU CONSIDER RELEVANT TO YOUR APPLICATION:

WHICH ETHNIC GROUP DO YOU BELONG TO : OPTIONAL (Mark the space or spaces which apply to you)

- | | |
|---|--|
| <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Other (such as <i>DUTCH, JAPANESE, TOKELAUAN</i>) Please state |
| <input type="checkbox"/> Tongan | |

All sections must be fully completed or struck N/A, before forwarding your application.

DECLARATION

1. I declare that as a member of The New Zealand Association of Medical Herbalists (NZAMH) I undertake to maintain the dignity and welfare of the Association.
2. I will conduct myself honourably in the practise of my profession and behave with integrity, refrain from negligent acts and apply my knowledge and skills for the maximum benefit of my clients.
3. I will abide by all decisions of the NZAMH Committee and by the rules, regulations and guidelines as set out in the full NZAMH Constitution and Code of Ethics at www.nzamh.org.nz/constitution.html
4. I will maintain continuing professional education and a current first aid certificate as deemed necessary by the Association following graduation and professional membership of the NZAMH.
5. I will ensure that my obligations to the Association are met within the timeframes set out by the NZAMH Committee.

Signed.....

Date.....

CHECKLIST

- 1. All sections of application form completed
- 2. **Student members** - Cheque for the sum of \$55. (\$50 Membership GST incl plus \$5.00. application fee).
- 3. Please make cheques out to: 'The New Zealand Association of Medical Herbalists'
- 4. Payment by Cheque. **OR** Internet payment ANZ 010258 – 0091130 - 00
- 5. Post your application with your cheque to: **The Administrative Assistant, NZAMH
P.O. Box 12582, HAMILTON, 3248 : NEW ZEALAND**

This form is for NZAMH files only. The NZAMH committee will consider your application . Thank you for your application.