



Your Association. Your Advantage

REMEDIAL MEMBER SUBSCRIPTION

RENEWAL INVITATION

Dear Renewing Member,

Your massage business benefits from your continued membership of one of the longest established massage industry associations in Australia. Having been established for over 30 years, the MAA is committed to helping you to be a successful professional therapist by developing a very competitive package of benefits.

Your membership of the MAA is now due to be renewed and we invite you to complete the attached renewal form and return either by post (PO Box 2019 Moorabbin VIC 3189), in person (2/1-5 Station Street, Moorabbin VIC 3189) or by email to office@maa.org.au

Continue to enjoy a comprehensive range of MAA benefits including:

- **CREDIBILITY** of belonging to one of the longest established associations
- **¼ NEWSLETTER 'In Touch'** keeping you up to date with Industry news
- **REMINDER INVITATION** to join us again next year
- **HAVE YOUR SAY** and **VOTING** rights at the next AGM
- **INVITATION** to join the Board
- **INVITATION** to contribute to the continuing success of MAA by joining one of the Board committees or sub-committees
- **INVITATION** to purchase MAA approved products at discounted rates
- **LOWER FEES** by focussing on practitioner essentials
- **LOWEST COST LIABILITY INSURANCE**
- **CONTINUING EDUCATION, INFORMATION, PUBLICATIONS**
- **FIND A PRACTITIONER** web service for your potential clients.

The MAA Board and Office staff is committed to you, and we look forward to supporting you in your massage journey.

On behalf of the Board and Office

Christine Hohmann-Andrasch
President



Your Association. Your Advantage

Remedial Membership RENEWAL Annual Subscription –

Administration Fee	\$ 00.00
Membership Annual Subscription	\$130.00

Sub Total	\$130.00
GST	\$ 13.00
	=====
TOTAL ANNUAL SUBSCRIPTION	\$143.00
	=====

Refund Policy

This is a Membership Subscription for 12 months. There is no Refund available

Insurance – is it current?

First Aid Certificate – is it current?

CPE – is it up to date? (40 points in the past 12 months)

REMEDIAL MEMBER RENEWAL SUBSCRIPTION INFORMATION

In compliance with the Privacy Act, the following information is required for the internal MAA records only.

NAME: Mr / Mrs / Ms / Dr / other			MEMBER NO.	ORIGINAL DATE JOINED:
HOME STREET ADDRESS:			OFFICE USE: Received date:	
	SUBURB:.....STATE:.....P/C.....				
HOME PHONE		MOBILE			
EMAIL				Website:	
POSTAL ADDRESS <i>(if different to above)</i>				
	SUBURB:.....STATE:.....P/C.....				
PRACTICE ADDRESS 1. <i>(if different to above)</i>			ABN:	
	SUBURB:.....STATE:.....P/C.....				
BUSINESS PHONE <i>(if different to above)</i>		MOBILE <i>(if different to above)</i>		[If more than once practice location please complete and send your list along with this subscription renewal]	
MODALITY (SPECIALISATION/S ATTRIBUTES/MODALITY)	1.	2.	3.	OTHER:	

CHECKLIST: (ATTACHMENTS TO BE SENT WITH THIS RENEWAL SUBSCRIPTION)

- Photo identification (e.g. Passport / drivers license / wvc) [If not already previously supplied]
 - Completed and signed copy of my **Fit and Proper Person Declaration Form** [download from the website]
 - Certificates and evidence that I have completed the Annual required 40 Points CPE including my CPE Record sheet
 - Current First Aid certificate if renewed in the past 12 months (CPE points available for renewal certificates)
 - Current year Insurance Policy **FULL POLICY**
- | | |
|----------------------------|---------------|
| NAME OF INSURANCE COMPANY: | DATE RENEWED: |
|----------------------------|---------------|
- Remedial Membership RENEWAL Annual Subscription Payment information completed

I would like my name to appear on the Certificate of Membership as follows (please print clearly - no business names):

.....

Signed: on this day:



Your Association. Your Advantage

before signing this form and making payment please make sure that you have read and signed off on the following statements:

- I have checked that my contact information is up to date (mobile phone, email, home address, clinic address)
- I have attached a list of additional practice addresses I work from (if applicable)
- I agree to advise the MAA Office of any Extended Leave I plan to take and agree to advise the Office of my expected planned return date
- I acknowledge having read and understood the Rules of the Association, (The Constitution), its Mission Statement found on the website and my states Code of Conduct for unregistered Health Care Professionals
- I undertake, accept and abide by the Rules of the Association, its Mission Statement and its Code of Conduct.
- I have read and understand the information outlined in the MAA V116032014 STANDARDS OF PRACTICE GUIDELINES MANAGEMENT OF CLIENT RECORDS
- I agree to send to Health Funds any materials requested by Health Funds for Auditing Purposes when asked to by the Health Funds
- I agree to advise MAA of any request from Health Funds to send Materials to them and outline the nature of the materials requested
- I agree to send to MAA any materials requested by MAA for Auditing purposes when asked to by MAA
- I have not had my membership of any other massage or allied health association cancelled. If I fail to disclose such information, I agree to instant cancellation of my membership in the MAA Ltd.
- I do not work in the sex industry

Signed: on this day:

REMEDIAL MEMBER RENEWAL SUBSCRIPTION PAYMENT FORM

Applicant Payment Details

Applicant Name: Mr / Mrs / Ms Member No..

Renewal Remedial Membership fee \$143.00 (incl GST)

Accepted Methods of Payment only as stated below

Cheque payable to MAA
(PO Box 2019 Moorabbin VIC 3189)

Money Order

Direct Deposit

Bendigo Bank: BSB 633-000 Account No: 1311 65292
Reference: (your full name)

please email the office to advise the → Date of payment / /

OR

please charge my :

Visa card

Master card

Total amount AU\$143.00.....

Account No / / /

Expiry Date /

Card Holder's Name:

Card Holder's Signature :

OFFICE USE ONLY:

Date Payment Processed:

Processed By: