



Your Association. Your Advantage

RENEWAL INVITATION

PROFESSIONAL SUBSCRIPTION

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 (Suite 39, Level 1, 93 Wells Road, Chelsea Heights, VIC, 3196), in person (Suite 39, Level 1, 93 Wells Road, Chelsea Heights, VIC, 3196) 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**
- **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.**
- **Advertising in your Local**
- **Use of the MAA Logo for your advertising and promotional material**

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



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Therapeutic, Remedial, Myotherapy Membership RENEWAL Annual Subscription –

Administration Fee \$ 00.00
 Membership Annual Subscription \$336.36

 Sub Total \$336.36
 GST \$ 33.64
 =====
TOTAL ANNUAL SUBSCRIPTION \$370.00
 =====

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? (30, 40, 50 points in the past 12 months)

General, Health & Wellbeing Membership RENEWAL Annual Subscription (Discounted)

Administration Fee \$ 00.00
 Membership Annual Subscription \$245.45

 Sub Total \$245.45
 GST \$ 24.55
 =====
TOTAL ANNUAL SUBSCRIPTION \$270.00
 =====

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? (20 points in the past 12 months)

MEMBER RENEWAL SUBSCRIPTION PAYMENT FORM

Applicant Payment Details

Applicant Name: Mr / Mrs / MsMember No..

Therapeutic, Remedial, Myotherapy Renewal fee \$370.00.00 (incl GST)

General, Health & Wellbeing Renewal fee \$270.00 (incl GST)

Accepted Methods of Payment only as stated below

Cheque payable to MAA
 (Suite 39, L1, 93 Wells Rd, CHELSEA HEIGHTS VIC 3196)

Money Order

Direct Deposit

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

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

OR

please charge my: : Visa card Master card Total amount AU\$

Account No / / / Expiry Date /

Card Holder's Name: Card Holder's Signature :

OFFICE USE ONLY:

Date Payment Processed:

Processed By:



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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: DOB:	

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

- Certificates and evidence that I have completed the Annual required 30, 40, 50 Points CPE including my CPE Record sheet
- Current First Aid certificate if renewed in the past 12 months
- Current year Insurance Policy **FULL POLICY**

NAME OF INSURANCE COMPANY:	DATE RENEWED:
----------------------------	---------------
- RENEWAL Annual Subscription Payment information completed
- Police check (Renew in 3 years)
- Therapeutic, Remedial, Myotherapy Fit & Proper Person Declaration (Renew annually)

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

.....

Signed: on this day:



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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:

+++++

Police Check

(Renewing every 3 years)

To ensure only those practitioners who are suitable and safe to practice are granted Membership.

Obtaining a Police Check is easy. Several 'online' choices for applicants can be found by clicking on the links below:

<https://auspost.com.au/police-checks>

<https://www.afp.gov.au/what-we-do/services/criminal-records/national-police-checks>

<https://www.nationalcrimecheck.com.au/>

<https://cvcheck.com/national-police-check>

<https://www.veritascheck.com.au/>



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Activities that qualify for CPE Points

Activity	Points	Evidence
Main massage qualification for accreditation: General Member – MAA Approved Health & wellbeing Member – MAA Approved Certificate IV Massage Therapy – MAA Approved related Modality Diploma of Remedial Massage - MAA Approved related Modality Advance Diploma of Remedial Massage (Myotherapy) – MAA Approved related Modality Bachelor Degree (Musculoskeletal Therapy) (Myotherapy)	20 20 30 40 40 50	AQF Certificate issues by RTO or University Proof of completion
Postgraduate study in complementary medicine: Graduate Diploma Masters PhD	50 50 50	Postgraduate Certificate Proof of completion
Courses 20 +hours in clinical practice or business management of the clinic	20	Proof of completion
Individual Units from any National Training Package course	20 points each Unit	Statement of Attainment
All day seminars, workshops or conferences	1 point per hour	Proof of attendance
Two day seminars, workshops or conferences	1 point per hour	Proof of attendance
Half day seminars, workshops or conferences	1 point per hour	Proof of attendance
MAA Pre-Approved seminar, workshop or conference	Points as advertised by MAA	Proof of Attendance/Participation
Participation with a club or organisation where the practitioner is involved in using their qualification/experience	1 point per hour	Proof of participation with number of hours
Professional seminars by telephone or Skype	1 point per hour	Proof of participation with number of hours
Webinar	1 point per hour	Proof of attendance
MAA Pre-Approved Webinar	Points as advertised by MAA	Proof of attendance
Professional seminars and bulletin board participation by the Internet	1 point per hour	Proof of participation with number of hours
Professional development through paid subscription to journals related to clinical practice and business management of the clinic	5 points Per sub	Proof of subscription
Professional development through reading books related to clinical practice and business management of the clinic	5 points per book	Proof of purchase/loan
Professional development through instructional DVD's and CD-ROMs	20 points per material	Proof of purchase
Free subscription to an electronic journal or videos via the Internet related to clinical practice or business management of the clinic	2 points Per sub	Proof of subscription eg. copy of table of contents
Participation in a local group of practitioners to enhance clinical practice (e.g. 'study group' or 'In House Training')	1 point per hour	Written evidence of participation by group leader
Volunteer work in charitable events, sports events and community based projects	1 point per hour	Written evidence of participation by group leader
Author or joint author of a published book or DVDs relating to clinical practice	40	Copy of the book or DVD
Author or joint author of a published YouTube Video relating to business or clinical practice	10 points per video	Copy of YouTube link to video (Your name must appear on credits)
Writing a published article related to clinical practice	10 points per article	Copy of the article
Presentation at a seminar, workshop or conferences	5 points per hour	Proof of presentation
Attendance at MAA Annual AGM	10 points	Proof of attendance
MAA required reading Free CPE Point material	Points as advertised by MAA	Proof of completion
MAA sponsored Event participation	Points as advertised by MAA	Written evidence of participation by group leader
CPR update	5	Proof of completion



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CPE Record 2019

Name: _____

Accredited Myotherapy No: _____

Date returned: _____ (50 CPE Points)

Accredited Remedial No: _____

Date returned: _____ (40 CPE Points)

Accredited Therapeutic No: _____

Date returned: _____ (30 CPE Points)

General / Health & Wellbeing Member No: _____

Date returned: _____ (20 CPE Points)

Date	Activity	Points	Evidence

Please note: Watching Youtube videos is not accepted for CPE points unless pre-approved by MAA

OFFICE USE ONLY:			
CPE Record checked by:		CPE Member Record Updated by:	
Date:		Date:	



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Massage Association of Australia Ltd

ACN 131 861 115

ABN 63 131 861 115

Suite 39, Level 1, 93 Wells Rd | Chelsea Heights VIC 3196

+613 9773 1881 office | +613 9773 4109 fax

office@maa.org.au email | www.maa.org.au web

ACCREDITED MEMBER FIT AND PROPER PERSON REQUIREMENT ANNUAL DECLARATION

About this declaration

In considering whether an Accredited Member is suitable for registration (initial and continuing) as a Health Fund Provider the MAA Code of Conduct, Ethics and Constitution along with the Health Fund Terms and Conditions requires an Accredited Member to disclose prior convictions for criminal offences or disciplinary proceedings, or pending complaints in relation to the occupation of Remedial Therapy or Myotherapy along with a declaration that the Accredited Member has not been rejected by similar Associations, or have been refused a Provider Number in the past.

Completing this declaration

Each natural person (referred in this section as 'you') must answer all the questions in this declaration (expanding upon responses when required) and sign the declaration.

Please note that in addition to the criteria addressed within the questions in this declaration, MAA may consider any other relevant matter when assessing whether a person meets the Fit and Proper Person Requirements.

Submitting this declaration

This declaration is to be submitted with an application for initial acceptance as an Accredited Member or annual renewal of an existing Accredited Membership.

Applications submitted without a signed and completed declaration will be considered incomplete and therefore returned to you for completion.

Assistance in completing this declaration

For assistance in completing this declaration please contact office@maa.org.au . Further information about the MAA process (initial and renewal) is available from the MAA website at www.maa.org.au .

You can also call the MAA Office on (03) 9773 1881 Monday to Friday 9:00 am to 4:00 pm except for public holidays.



Your Association. Your Advantage

Fit and Proper Person Requirements declaration

Your Name	
Your Professional Title	
Your Clinic Business Legal Name (Your Business Name)	
Your Business ABN	
<i>If Employed by another Clinic:</i> The Business Name of your employing clinic	
<i>Your Employer's</i> ABN	
MAA General member number	

Please answer the following questions and indicate with a ✓ in the appropriate answer column		YES	NO
1.	Have you been convicted of an offence against a law of the Commonwealth of a state or territory?		
2.	Have you ever had your Membership suspended or cancelled by another Association?		
3.	Have you ever had any Health Provider Number suspended or cancelled by any Health Fund?		
4.	Have you ever had a condition imposed by any Health Fund on your Health Provider Number requiring you to rectify any matter?		
5.	Have you ever had a condition imposed on you by any other Association requiring you to rectify any matter relating to requirements of maintaining membership?		
6.	Have you ever shared any previous Health Fund provider number with any other therapist?		
7.	Have you ever previously used your Health Provider Number to bill for services not provided by you?		
8.	Have you ever claimed or advertised that the therapy you provide can cure any condition?		
9.	Have you ever had any Professional Indemnity and Public Liability application rejected?		
10.	Have you ever had sanctions placed on your place of business in relation to meeting the Infection Control Guidelines and Hygiene Procedures required of a Health Care Clinic?		
11.	Have you ever had sanctions placed on your place of business in relation to meeting the minimum physical standards and expectations of a Health Care Clinic to meet all State, Territory and Local Council Laws?		
12.	Have you ever advertised or provided services specifically for work within the sex industry?		
13.	Have you ever allowed another person to use your Membership Number so that they may gain access to Advertising Services?		



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If you answered 'YES' to any of the questions 1 – 13 above, you must provide further details below.

Question:

Details:

Question:

Details:

Question:

Details:

If you have more than three questions then copy the table as many times as required onto a separate piece of paper and attach the additional pages to this declaration. Ensure that you have written your name on the attached paper.



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Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959

1 *Insert the name, address and occupation of person making the declaration*

I,¹

make the following declaration under the *Statutory Declarations Act 1959*:

2 *Set out matter declared to in numbered paragraphs*

2

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of person making the declaration*

3

4 *Place*
5 *Day*
6 *Month and year*

Declared at ⁴ _____ on ⁵ _____ of ⁶ _____

Before me,

7 *Signature of person before whom the declaration is made (see over)*

7

8 *Full name, qualification and address of person before whom the declaration is made (in printed letters)*

8

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.



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A statutory declaration under the *Statutory Declarations Act 1959* may be made before—

- (1) a person who is currently licensed or registered under a law to practise in one of the following occupations:
- | | | |
|----------------------|----------------------|--------------------|
| Chiropractor | Dentist | Legal practitioner |
| Medical practitioner | Nurse | Optometrist |
| Patent attorney | Pharmacist | Physiotherapist |
| Psychologist | Trade marks attorney | Veterinary surgeon |
- (2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
or
- (3) a person who is in the following list:
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
 - Bailiff
 - Bank officer with 5 or more continuous years of service
 - Building society officer with 5 or more years of continuous service
 - Chief executive officer of a Commonwealth court
 - Clerk of a court
 - Commissioner for Affidavits
 - Commissioner for Declarations
 - Credit union officer with 5 or more years of continuous service
 - Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
 - Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
 - Fellow of the National Tax Accountants' Association
 - Finance company officer with 5 or more years of continuous service
 - Holder of a statutory office not specified in another item in this list
 - Judge of a court
 - Justice of the Peace
 - Magistrate
 - Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
 - Master of a court
 - Member of Chartered Secretaries Australia
 - Member of Engineers Australia, other than at the grade of student
 - Member of the Association of Taxation and Management Accountants
 - Member of the Australasian Institute of Mining and Metallurgy
 - Member of the Australian Defence Force who is:
 - (a) an officer; or
 - (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
 - Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
 - Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
 - Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
 - Notary public
 - Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
 - Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority;with 5 or more years of continuous service who is not specified in another item in this list
 - Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
 - Police officer
 - Registrar, or Deputy Registrar, of a court
 - Senior Executive Service employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority
 - Sheriff
 - Sheriff's officer
 - Teacher employed on a full-time basis at a school or tertiary education institution



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(Return with your Therapeutic, Remedial, Myotherapy Accredited Member Application Form or when updating your Annual Accredited Membership)

Modes of Return:

Fax: (03) 9773 4108
Email as attachment: office@maa.org.au
Post: Suite 39, Level 1, 93 Wells Rd., CHELSEA HEIGHTS, VIC, 3196
Physical Delivery: Suite 39, Level 1, 93 Wells Rd., CHELSEA HEIGHTS, VIC, 3196
(Office hours 9:00 am – 4:00 pm Monday to Friday excluding public holidays)

If you require assistance or further information, please contact the MAA Office at your earliest convenience.