

Application for Ordinary (Professional) Membership
(Graduates of ACHA Accredited Institutions)

Personal Details

Name	Title	Given Name(s)	Surname
Mailing Address			
	Email	Website	
Phone	Day	Evening	Mobile

Membership Details

Ordinary (Professional) Membership cost: \$20.00 Joining Fee (paid only once), \$100.00 Annual Fee.
 You must also hold a current First Aid Certificate.
 (If you are not a graduate, or if you are a student of an ACHA accredited institution, or if you are an institution seeking membership, you will need to complete a different form).

Institution where you completed your course _____

Title of the course you completed _____

What is your Health Related Work Experience Background ?

Education and Training *(Attach sheet if insufficient space)*

Institution	Course	Dates Attended	Qualification

Previous Health Related Work Experience *(Attach sheet if insufficient space)*

Declaration

I declare that the above information is true to the best of my knowledge, and that I have read the Code of Ethics of the Association and that I agree to abide by them.

I have attached a certified copy of my current First Aid Certificate, and I understand that it must be kept current for me to continue my membership.

I have enclosed \$120.00 cheque/money order for Joining Fee and Annual Membership Fee.

Signature _____ Date _____