

Application for Student Membership
(Students of ACHA Accredited Courses)

Personal Details

Name	Title (Mr, Ms etc.)	Given Names	Surname
Mailing Address			
	Email		State
Phone	Day	Evening	Mobile

Membership Details

Student Membership cost: \$20.00 Joining Fee (paid only once), \$40.00 Annual Fee. The Annual Fee will be taken off the cost of your Professional Membership Fee, if you apply for Professional Membership after you have complete your course and within the 12 month period.

Institution where you are studying _____

Title of the Course you are studying _____

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 understand that I will be required to hold a current first aid certificate before I can be accepted for full Professional Membership.

I have enclosed \$ 60.00 cheque/money order for Joining Fee and Annual Student Membership Fee.

Signature _____ Date _____