**\*MEMBERSHIP FORM**

**Membership is for a Calendar Year running from 1st July 2024 to 30th June 2025**

**PERSONAL DETAILS**

**Title: \_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application & Declaration**

I hereby apply to become a member of the Australian Therapeutic Harpists Association and as such declare that I am committed to the objectives of the Association. I declare that I meet the requirements for the type of membership that I have applied for. If applying for full membership I declare that I will comply with the ATHA Ethics Statement and satisfy the Association’s professional development requirements by completing Continuing Education Units (CEUs). If requested to do so I will supply evidence of my professional development activities.

\*\*It is strongly recommended that all members who are practising in the field are covered by appropriate professional indemnity insurance.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT DETAILS***: please circle the payment you will be making*

|  |  |  |
| --- | --- | --- |
| **Full Member** | **Graduate of approved therapeutic harp training program. Name of Program:** | **$45** **$120 for 3 yrs** |
| **Associate Member** | **Students undertaking an approved harp training program. Name of Program:** | **$25** |
| **Friends of ATHA** | **Anyone interested in the practice and promotion of therapeutic harp**  | **$15** |
| **Donation** | **Donations are very welcome to support the work of ATHA. Thank you for supporting the work of ATHA** | **$** |

**DIRECT PAYMENT – can be made into the ATHA bank account from your bank, credit union or building society account –**

**Bank: Bendigo Bank**

**Name: Australian Therapeutic Harpists Incorporated**

**BSB: 633000**

**Account No: 163189897**

**Reference: Your Surname/Category e.g. Smith/Associate Member**

**Membership fee $ \_\_\_\_\_\_\_\_\_\_\_**

**Donation $ \_\_\_\_\_\_\_\_\_\_\_**

**TOTAL PAYMENT $ \_\_\_\_\_\_\_\_\_\_\_**

**WHEN COMPLETED, please scan or photograph the completed form and forward to the Membership Secretary** **membership@atha.org.au**