

Name: _____ Phone: _____
Address: _____ Suburb: _____
State: _____ Country: _____ Post/Zip code: _____
Email: _____

Level of membership requested (please circle): Fellow \$150 / Professional \$150 / Student \$66 / Affiliate \$66 (all include GST)

If you have professional or fellow membership, IMIS will provide your contact number & email to individuals & organisations looking for an instructor or consultant. If you would prefer not to receive referrals at this time please tick here:

Other modalities/qualifications to be noted on the members list: _____
Modality 1 Modality 2

If you would like alternate contact details listed on the IMIS public website to those above please provide this information below:

Phone number: _____ Email: _____

Website: _____ (subject to IMIS approval)

Payment method MasterCard / Visa \$ _____

Card number: _____ expiry date: ____ / ____

Name on card: _____ Signature: _____

How many parents have you taught in the last 12 months? _____

- Member access: I do not have access to the internet, please send a quarterly newsletter update
 I do have internet access and have access to the members locked website
 I would like to access the members locked website, please send an invitation to my email inbox

These terms are subject to any and all rights provided under Australian Consumer Law. For more information about consumer rights visit the Australian Competition and Consumer Commission website at www.accc.gov.au or view the Competition and Consumer Act and the Australian Consumer Law via www.austliiedu.au. Payments received are non-refundable for change of mind. Membership will be renewed at the same level each year on or as close as possible to the first of the month of renewal, the month of renewal being that shown below; utilising the payment details provided on this form, upon enrolment or for course fee payments. If I wish to cancel, I understand and agree that a request to cancel must be submitted in writing no later than by the thirtieth of the month prior to the month shown below. In completing this membership application, I agree to uphold the standards and ethics prescribed by the Infant Massage Information Service.

Signed _____ Date _____

Admin: For completion by ph. write 'by phone' on sig. line + Initial, date and time.

Office use only:

- Process payment. Create QB inv & nb, for c/c's. msg on inv="Membership will be..."
- Note exp. date top right e.g. EXP JUN-12
- Conf address, email & ph are as on file. If not - update. QB note e.g. 7/7/11: updated address as per mem. App from.... to
- Delete customer type in QB if there is an entry in that field
- Add or revise the comp. name code to ensure current & correct
- Mem.cert if pro or fellow
- Mem# in QB notes if pro or fellow
- Check exp date of babymassage.net.au site listing/add listing if needed. Chk No listing for stu or aff level membership
- Add to current mem listing WITH exp date