



APPLICATION for STUDENT MEMBERSHIP (NO FEE APPLICABLE)

Title: Mr Mrs Miss Ms (circle) Office Use Only Date Received:

Surname: Given Names:

Residential/Postal Address: Street, Suburb/Town, State, Postcode, Telephone, Facsimile, Mobile

PO Box (if applicable), Suburb/Town, State, Postcode, Email, Website, Please tick if you wish to receive info by ANTA ENEWS

I AM CURRENTLY STUDYING THE MODALITY/IES INDICATED BELOW (√ modality)

Table with 4 columns: Modalities, (√ box), Modalities, (√ box). Lists various therapies like Acupuncture, Aromatherapy, etc.

Note: ANTA does not recognise undergraduate courses undertaken in total by Distance Education

I am currently studying at: Student ID/Number: Name of Course: Expected Completion Date:

- The course I am currently enrolled in is not being undertaken by Distance Education. I hereby consent to ANTA making the necessary checks with my Course Provider to confirm that I am currently enrolled as a student. I have not been convicted of a criminal offence in Australia or overseas. I acknowledge that ANTA may, in its absolute discretion, grant or refuse Student Membership without assigning any reason. If accepted as a Student Member of ANTA, I agree to be bound by the rules and regulations established from time to time by ANTA.

Signature: Date:

POST TO: ANTA, PO Box 657, MAROOCHYDORE QLD 4558