

# Psychophysical Therapists Guild of Australia

Incorporated in New South Wales, Australia



APPLICATION FOR MEMBERSHIP (Block Letters Please)

FULL NAME: .....

ADDRESS: .....

.....POSTCODE.....

TELEPHONE: (Home).....(Business).....

E-MAIL:.....(Mobile).....

DATE OF BIRTH:.....PROFESSION:.....

EMPLOYMENT:

EMPLOYER: .....

POSITION:.....NO. OF YEARS.....

EDUCATIONAL QUALIFICATIONS:

.....  
.....  
.....

MEMBERSHIP OF OTHER ORGANISATIONS: .....

.....  
.....

FOREIGN LANGUAGES SPOKEN: .....

STATE YOUR REASONS FOR SEEKING MEMBERSHIP OF THE PSYCHOPHYSICAL THERAPISTS GUILD OF AUSTRALIA: .....

.....  
.....

DESCRIBE YOUR TRAINING AND EXPERIENCE IN PSYCHOPHYSICAL THERAPIES: .....

.....  
.....(over)

GIVE DETAILS OF YOUR PRACTICE IN PSYCHOPHYSICAL THERAPY INCLUDING NAMES AND QUALIFICATIONS OF ANY ASSOCIATES:

.....  
.....  
.....  
.....

WHERE DID YOU HEAR ABOUT THE GUILD: .....

I AM APPLYING FOR:

FULL MEMBERSHIP

ASSOCIATE MEMBERSHIP

*Full Members \$120 per annum*

*Associates \$80 per annum*

(You should enclose photocopies of certificates, diplomas etc. which may serve to support your application. Use a separate page if there is insufficient space for any details).

**DECLARATION:**

I hereby apply for admission to Membership of the Psychophysical Therapists Guild of Australia and, if accepted, I agree to abide by the Rules and Code of Ethics of the Guild for as long as I remain a member. Further, I agree to accept the membership status assigned by the Guild.

Signed ..... Date: .....

MAIL THIS FORM TOGETHER WITH THE APPROPRIATE FEES TO:

The Secretary  
Psychophysical Therapists Guild of Australia  
P. O. Box 43 Forestville NSW 2087  
Phone: (02) 9518 0466  
E-mail: [secretary@guild.asn.au](mailto:secretary@guild.asn.au)  
Website: [www.guild.asn.au](http://www.guild.asn.au)

**GUILD USE ONLY:**

Date Received ..... Interview: .....  
Membership grading / # ..... Date of Review: .....  
Fees: ..... Comments: .....  
Date Accepted: .....  
Date of advice to Member: .....