



ATMS

Australian Traditional-Medicine Society

Let ATMS help you with your studies, assignments & research projects –

ALL FOR FREE!



Join a community of 9,000 practitioners representing over 20 therapies including – Naturopathy, Nutrition, Chinese Medicine, Herbal Medicine, Massage and more.

BENEFITS OF STUDENT MEMBERSHIP

-  Full access to the EBSCO Alternative Medicine research package for FREE. This premium research package includes over 1,600 full text natural medicine and allopathic medicine journals, textbooks, 100s of evidence based Clinical Summaries and nearly 10,000 Exercise Images.
-  Discounts to the Continuing Professional Education (CPE) program, with 100s of workshops, seminars and webinars Australia wide.
-  A digital subscription to the peer reviewed Journal of the Australian Traditional-Medicine Society (JATMS).
-  Regular updates on the latest natural medicine research, news, policies, and health fund requirements via a monthly e-newsletter.
-  Be recognised for your achievements in the ATMS Natural Medicine Awards as Student of the Year.
-  Eligibility to apply for the ATMS Simon Schot Education Grants.

APPLY IN 3 EASY STEPS

STEP ONE

Complete the Application Form online or on the reverse

STEP TWO

Attach all required documentation:

- Proof of your enrolment in current full or part-time study in an ATMS approved course, with the full name(s) and any course codes for your course(s) listed on the College document/letter you send to us.
- A Passport size photograph.
- If you have a different name on your enrolment document, legal proof of name change.

STEP THREE

Submit the application to ATMS



SCAN AND
SIGN UP
TODAY
FOR FREE

ATMS CONTACT DETAILS

PO Box 1027 Meadowbank NSW 2114

Toll Free: 1800 456 855 Tel: 02 8878 1500 Fax: 02 9809 7570

info@atms.com.au www.atms.com.au



APPLICATION FOR STUDENT MEMBERSHIP AUSTRALIAN TRADITIONAL MEDICINE SOCIETY LTD

ABN 46 002 844 233

Affix
photo
here

Step 1 - Personal Details

First Name
Surname
Postal Address
Suburb State Postcode
Home telephone (for ATMS office use only) Mobile
Email
Gender Female Male
Date of Birth Country of Birth
Have you been known under any other name/s? Yes No
If yes, please state name/s.
(NOTE: IF YOUR NAME IS DIFFERENT ON ANY OF YOUR SUBMITTED DOCUMENTATION, EVIDENCE OF LEGAL NAME CHANGE MAY BE REQUIRED)
Have you been a previous member of ATMS? Yes No If yes, membership number

Step 2 - College Enrolment / Qualification Details

Name of qualification being undertaken
Name of teaching institution you are attending
Address of teaching institution you are attending
Date studies commenced Expected completion date
Do you authorise ATMS to contact your college on your behalf to confirm enrolment or other study details? Yes No
(NOTE: PLEASE ATTACH PROOF OF CURRENT ENROLMENT.)

Step 3 - Additional Information

How did you hear about ATMS? ATMS Presentation/Material College Lecturers Your practitioner/friends
Social Media (please specify) Other

Step 4 - Checklist

I have attached the following required documentation to support my application for student membership:

- Evidence of current enrolment (NOTE: Letters of Offer or student ID cards are NOT considered sufficient evidence.) Yes No
- Passport sized photograph of yourself Yes No
- Proof of legal name change, if your name is different on any of your documentation. Yes No

(NOTE: ALL SECTIONS ABOVE MUST BE COMPLETED AND ALL REQUIRED DOCUMENTATION SUBMITTED FOR YOUR APPLICATION TO BE PROCESSED.)

Step 5 - Declaration

Have you ever been convicted of a criminal offence, had a complaint made against you considered by a complaints or disciplinary body including other associations, been suspended or expelled from another association, or been investigated, suspended or deregistered as a provider from a health fund? Yes No
If yes, give details
I declare that the information in this application and supporting documentation is true and correct. I agree to abide by the ATMS Constitution, Code of Conduct and official ATMS policies.
Signature Date
(NOTE: ALL SECTIONS ABOVE MUST BE COMPLETED AND ALL REQUIRED DOCUMENTATION SUBMITTED FOR YOUR APPLICATION TO BE PROCESSED.)

Submit this application by email to info@atms.com.au or by mail to ATMS, PO Box 1027, Meadowbank NSW 2114