

Date Received _____

Check # _____ Amt. \$ _____
FOR AOBTA® OFFICE USE ONLY

AOBTA®

American Organization for Bodywork Therapies of Asia

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Telephone (856) 782-1616 ☎ Fax (856) 782-1653

E-mail office@aobta.org ☎ Web Site www.aobta.org

APPLICATION FOR AOBTA® STUDENT MEMBERSHIP

New membership applicants must enclose a non-refundable application fee, along with the appropriate level membership dues and a completed application. If application is denied, membership dues will be refunded. All responses to questions regarding training and certification require that copies of supporting documentation be attached. Please contact the AOBTA® National Office with any questions you may have.

General Information:

Name: _____

Address: _____

City: _____ State/Prov.: _____ Zip: _____ Country: _____

Phone (B): _____ Phone (H): _____ Mobil (M): _____

E-mail: _____ Date of Birth: _____ Male/Female: _____

Do you belong to other professional associations? ____ Yes; ____ No

If yes, please list name(s): _____

Do you have any of the following interests and/or skills and are willing to volunteer time and talent to your professional organization? Please check all areas of interest and add other skills at the end.

- | | | |
|--|---|---|
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Council of Schools & Programs (COSP) | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Convention Planning | <input type="checkbox"/> Insurance | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Education | <input type="checkbox"/> Law & Legislation | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Leadership (regional or national) | <input type="checkbox"/> Research |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Networking with Other Professionals | <input type="checkbox"/> Web site |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Newsletter & Publications | <input type="checkbox"/> Other: _____ |

AOBTA® STUDENT MEMBERSHIP REQUIREMENTS

Please complete the box for the level of membership for which you are applying. Check the items you are enclosing, and initial where requested. Read and sign at the bottom of page 2, and return this application with the required documentation and fees to the AOBTA® address on page 1.

STUDENT MEMBER APPLICATION

Enclose:

\$60 check (*\$50 annual dues + \$10 application fee*)

and AOBTA® COSP (Council of Schools and Programs) enrollment agreement

or Proof of current enrollment in a program of Bodywork or Somatic Therapy

Student members must upgrade their AOBTA® membership to Associate or Certified Practitioner within six months after completing their training program. Student membership shall not exceed three years. If, after three years, a student member has not qualified for at least Associate Level membership, he/she must submit evidence of continuing enrollment in a complete course of study.

My initials here _____ verify: I understand that AOBTA® Student Membership is considered a non-professional level of membership and does not qualify me to assess the body's energetic system; I agree to not advertise or imply proficiency in Asian Bodywork Therapy or any of its forms.

By my signature below, I certify that the foregoing information and all accompanying documentation are true and correct. I have read the AOBTA® Code of Ethics and pledge to honor the ethical and professional requirements set forth. I attest that I have never been found guilty in any investigation (professional, civil or criminal) regarding any sexual act, conduct, molestation and/or assault whatsoever. I understand that application for membership in the American Organization for Bodywork Therapies of Asia does not guarantee acceptance. I also understand that any false or misleading information will void this application.

Applicant's Signature

Date