



# Australian Traditional Medicine Society Student Membership Application Form

## LET ATMS HELP YOU WITH YOUR STUDIES, ASSIGNMENTS & RESEARCH PROJECTS – ALL FOR FREE!

### Benefits of Student Membership

ATMS Student membership now allows you to access for FREE the EBSCO Alternative Medicine research package. This valuable package includes access to over 1600 full text natural medicine and allopathic medicine journals. This package also includes FREE access to the EBSCO Rehabilitation Reference Center with 100s of evidence-based Clinical Summaries, nearly 10,000 Exercise Images and several textbooks. This package is a premium research service for students. Access is also flexible with an iPhone app available.

Other benefits of ATMS student membership include:

- Subsidised entry to ATMS Continuing Professional Education Seminars held around Australia.
- You will receive the peer reviewed quarterly Journal of the Australian Traditional-Medicine Society.
- You will be eligible to apply for the Simon Schot Education Grant consisting of 10 x \$1,000 grants each year.
- Free subscription to the ATMS Wise-N-Well eNewsletter.

### How to Apply

ATMS Student membership is FREE. However only students who are currently undertaking an ATMS approved course are eligible to join ATMS as student members. All ATMS preferred providers and their approved courses are listed on the ATMS website [www.atms.com.au](http://www.atms.com.au), or just phone ATMS on FREE CALL 1800 456 855 to see if your course

qualifies you for ATMS student membership.

Applying is easy. Just complete the Application Form on the reverse, and submit it to ATMS with:

- 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. Your ATMS College can provide all this information for you.
- A Passport size photograph.
- If you have a different name on your enrolment document, legal proof of name change.

An ATMS Student member must not practise outside of the training institution's supervised clinical practicum. (ATMS student membership is not suitable for practitioners who are in practice.)

Most student members of ATMS qualify upon graduation for ATMS accredited (practitioner) membership. However in addition to your qualifications, we do have a few further requirements for accredited membership. So ATMS student membership does not guarantee qualification for later accredited membership.

### ATMS Contact Details

Registered Office: Unit 12, 27 Bank Street,  
Meadowbank NSW 2114

Postal Address: PO Box 1027

Meadowbank NSW 2114

Telephone: 02 8878 1500 Facsimile: 02 9809 7570

Toll Free: 1800 456 855

Email: [info@atms.com.au](mailto:info@atms.com.au)

Website: [www.atms.com.au](http://www.atms.com.au)

 [www.facebook.com/atmsnatmed](http://www.facebook.com/atmsnatmed)

 [www.twitter.com/atmsnatmed](http://www.twitter.com/atmsnatmed)

 [www.atms.com.au/blog](http://www.atms.com.au/blog)



# APPLICATION FOR STUDENT MEMBERSHIP AUSTRALIAN TRADITIONAL MEDICINE SOCIETY LTD

ABN 46 002 844 233

Affix  
photo  
here

## 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 names.

*(If your name is different on any of your submitted documentation, evidence of legal name change may be required)*

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?

If yes, give details

Have you been a previous member of ATMS?  Yes  No If yes, membership number

## Study Details

Name of qualification being undertaken

Name of teaching institution you are attending

Address of teaching institution you are attending

Date studies commenced:

Do you authorise the ATMS to contact your college on your behalf to confirm enrolment or other study details?  Yes  No

*(Note: ATMS will still require evidence of your current enrolment in an ATMS accredited course when applying or renewing your student membership.)*

## Additional Information

How would you like to receive the Journal of the Australian Traditional-Medicine Society?  Electronically  Hard Copy

How did you hear about ATMS?  ATMS Presentation/Material  College Lecturers  Your practitioner/friends

Social Media (please specify)

Other

## Declaration

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 to ATMS, PO Box 1027, Meadowbank NSW 2114  
Toll Free: 1800 456 855 • Telephone: (02) 8878 1500 • Fax: (02) 9809 7570  
Email: [info@atms.com.au](mailto:info@atms.com.au) • Website: [www.atms.com.au](http://www.atms.com.au)