

AUSTRALIAN INSTITUTE OF EMBALMING PTY LTD**CODE OF ETHICS**

1. I believe the practice of embalming is in the interest of public health and agree to promote embalming to the best of my ability.
2. I will treat with respect all human remains.
3. I guarantee a completely confidential relationship to those I am called on to serve.
4. I will endeavour to promote scientific research in the problems effecting embalming.
5. I undertake to abide by the Constitution of the Australian Institute of Embalming Pty Ltd and to support to the best of my ability any meetings or gatherings arranged by The Institute.

DECLARATION

I, _____ whose particulars are enclosed hereby apply to be admitted as a Student/Full member of The Australian Institute of Embalming and in terms of the Constitution of the Institute agree to observe all regulations and by-laws of the Institute. I agree to abide by the Code of Ethics of the Institute.

Signature of ApplicantDate.....

Student Applicants please provide name of Mentor:.....

FEES**ALL FEES INCLUSIVE OF GST****Joining Fee**

Full Member (Including Badge & Certificate)	\$115.00
Student	\$57.50

OBSERVATION REPORT FEE

Full Member	\$160.00
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P L U S

***Annual Subscription (July 2011-June 2012)**

Full Member	\$275.00
Student	\$150.00

***A pro rata payment may be applicable**

NOTE: Upon completion of application, an invoice will be sent for Membership Subscription & Joining Fee

Please return application form to:

To

**The Australian Institute of Embalming Pty Ltd
PO Box 291
KEW EAST VIC 3102
AUSTRALIA**

AUSTRALIAN INSTITUTE OF EMBALMING PTY LTD

PROPOSER



I, being a Practising Member of AIE propose that.....be accepted into the Australian Institute of Embalming as a Full/Student (*Please circle*) Member.

PROPOSER DETAILS

Surname: _____

Given Names: (In Full) _____

Telephone _____ Fax _____

Email _____ Mobile _____

Signed.....

Australian Institute of Embalming Membership No:.....

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SECONDER

I, being a Practising Member of AIE second that..... be accepted into the Australian Institute of Embalming as a Full/Student (*Please circle*) Member.

SECONDER DETAILS

Surname: _____

Given Names: (In Full) _____

Telephone _____ Fax _____

Email _____ Mobile _____

Signed.....

Australian Institute of Embalming Membership No:.....