

AUSTRALIAN INSTITUTE OF EMBALMING PTY LTD

**APPLICATION FOR STUDENT MEMBERSHIP**



**PARTICULARS OF APPLICANT**  
(Please print details)

Surname: \_\_\_\_\_

Given Names: (In Full) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

**CURRENT EMPLOYMENT**

Employer Name: \_\_\_\_\_ Since / /

Business Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name and location of Registered Training Organisation/Educational Institute:

Applicants for membership whose qualification is other than Certificate IV Funeral Service (Embalming) will be required to prove their qualification is acceptable to the board.

Signed:.....

**DETAILS OF PAST EMPLOYERS**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**PROFESSIONAL ASSOCIATION MEMBERSHIP**

British Institute of Embalmers YES/NO Certificate No: \_\_\_\_\_ Dated: \_\_\_\_\_

New Zealand Embalmers Association YES/NO Certificate No: \_\_\_\_\_ Dated: \_\_\_\_\_

Other: \_\_\_\_\_

*(Please forward copy of current certificate(s) with application form)*

# 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 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 Applicant .....Date.....

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

## FEES

### ALL FEES INCLUSIVE OF GST

### PLUS

#### **\*Annual Subscription (1 July 2018 – 30 June 2019)**

*Students enrolled in a MFE or FIDA course also now receive an AIE FREE Student membership for the first year or pro-rata thereof depending on the joining date and on the 1 July each year they will receive an invoice to join as a paid student member.*

**Annual Student Membership fee** **\$165.00**

**Please return application form to:**

**NOTE: Upon completion of application, a pro rata invoice will be sent for Membership Subscription & Joining Fee**

\_\_\_\_\_ **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:.....

=====

**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:.....