

AUSTRALIAN INSTITUTE OF EMBALMING PTY LTD

2019 - 2020 APPLICATION FOR MEMBERSHIP



I wish to apply to be a:
 Full Member YES / NO

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 _____

EDUCATIONAL QUALIFICATIONS

Name of qualification :
 (please attach copy of certificate) _____

Name and location of Registered Training Organisation/Educational Institute:

(Please attach copy of transcript of subjects)

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.

All applicants for membership are required to carry out a practical observation in the presence of an AIE Observer and provide a copy of five case studies, two of which must be posted cases.

Practical assessments are at the applicants cost as prescribed by 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/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) \$130.00

OBSERVATION REPORT FEE

Full Member \$170.00

Please note that AIE grants automatic full practicing membership to a student who completes a Certificate IV in Embalming within the last twelve months of obtaining their qualification so no observation fee is required. The first year the Annual Fee is charged at a pro rata rate calculated on the joining date.

P L U S

***Annual Subscription**

Full Member \$325.00

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

Please return application form to:

**The Australian Institute of Embalming Pty Ltd
 PO Box 291
 KEW EAST VIC 3102
 AUSTRALIA
 Fax: 03 9819 7390 Email: aie@afda.org.au**

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:.....