

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:

Signed:.....

DETAILS OF PAST EMPLOYERS

1. _____ 2. _____

3. _____ 4. _____

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 ApplicantDate.....

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

FEES

ALL FEES INCLUSIVE OF GST

***Annual Subscription (1 July 2019 – 30 June 2020)**

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

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:.....

Please return application form to:

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

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