

Pedorthic Association of Australia Special Interest, Student, and Retired Membership Application Form

Full Nam	ne:			Phone No:	
Business	s/Company:			Mobile No:	
Address	:				
State:		Postcode:		Email:	
Please	e state all of your	relevant qualification	eir MAIN ACTIVITY / INVOLVEN ns/education plus experience l entation for qualifications and	levels to assist with	the decision on membership.
1) Te	echnical/Forma	l Training:			
2) CI	inical Training:				
3) CI	inical Experiend	ce:			
4) Tr	rade Experience	2:			
5) Bu	usiness Referen	nce:			
be due w	hen your membe	ership application is a		will receive a coup	fee less the application fee will on code and link to purchase and au/membership-classes.
Member	rship Class: (ple	ease tick one)			
☐ Spec	ial Interest Me	mbership	☐ Student Members	ship	☐ Retired Membership
-		•	c Association of Australia Inco y the Association rules and co		ted, I agree to comply with the evant matters.
Applicant	t signature:			Date:	
*Proposii	ng member:			Signature:	
*A propo	sing member wil	ll assist with confirma	tion of membership but may	be omitted if you	do not know an existing member.

basis only.

Membership is available on an individual basis only.

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