# Application for Registration

ABN: 11 881 946 262

**Application for Registation**
**if you have been an RMT but your registration has lapsed**
**or**
**trained in an accredited course in Australia but completed the course more than 12 months ago.**

AMTA Member Registration Fee: $201.00 inc GST
Non Member Registration Fee: $382.00 inc GST

**TAX INVOICE**
This notice becomes a Tax Invoice on receipt of payment please keep a copy.
This Tax Invoice has been issued by AMTA (ABN 11881946262)

| | | | |
|---|---|---|---|
| Surname | | First Name | |
| Mailing address | | | |
| | | | |
| Suburb/town | | | |
| State | | Postcode | |
| Phone | | | |
| Fax | | | |
| Email | | | |
| I wish to receive correspondence by email | | Yes | No |

Card Number: _ _ _ _ . _ _ _ _ . _ _ _ _ . _ _ _ _ Expiry date: _ _ . _ _

MasterCard VISA CVC: _____
Total Amount Payable: $ _____ Date: _____

Cardholder Name: _____

Cardholder Signature: _____

**Please sign declaration:**

I agree to abide by the rules and constitution, code of ethics and standards of professional conduct of The Australian Music Therapy Association as long as I remain a member of the association.

Signature: _____ Date: _____

**Please return to:**
*Australian Music Therapy Association Inc*
*Suite 5, 250 Gore Street*
*Fitzroy, 3065. VIC*
*AUSTRALIA*