



**Application for Registration – Internationally Trained**

\$347 ex 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)

**Please complete, sign and return with full payment to the address below.**

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

**Please complete your details below to pay by credit card.**

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

MasterCard      VISA                                      CVC: \_\_\_\_\_

Total Amount Payable: \$ 347.00 ex GST      Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**C. 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 with your payment to:**  
*Australian Music Therapy Association Inc*  
*info@austmta.org.au*  
*Suite 5, 250 Gore Street*  
*Fitzroy, VIC 3065*  
**AUSTRALIA**