



**Membership**

**2016**

Membership:  
1 January until 31<sup>st</sup> December 2016

# CHIROPRACTIC EDUCATION AUSTRALIA

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## Information Relating to CEA Membership

1. Qualification for Membership
  - Chiropractors and registered health professionals of good standing may apply for membership of Chiropractic Education Australia.
  
2. Method of Application
  - An applicant should complete all sections of the Membership Application Form and return the form to CEA Secretariat (contact details listed below)  
Two members of Chiropractic Education Australia should nominate the applicant for membership by completing the appropriate section on the Application Form.
  - A cheque, credit card details or bank transfer to cover the Application/Joining Fee of \$33.00 (including GST) should be included with the application form.
  
3. Application for membership is assessed by the Council of Chiropractic Education Australia.
  
4. Advice in writing will be forwarded to the applicant following Council determination on acceptance or non-acceptance of the membership application.

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**Annual Period of Membership**      1<sup>st</sup> January to 31<sup>st</sup> December, 2016

**2015 Membership Fee**                      FEE: \$33.00 (including GST)

**Membership Benefits**                      Discount on CEA Distance Education Modules.

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### **CHIROPRACTIC EDUCATION AUSTRALIA**

P.O. Box 444,  
Frenchs Forest NSW 2086  
ABN: 83 005 091 323

Tel: 02 9452 2385  
Fax: 02 9452 2387

Email: [info@cea.org.au](mailto:info@cea.org.au)  
Website: [www.cea.org.au](http://www.cea.org.au)



# CHIROPRACTIC EDUCATION AUSTRALIA MEMBERSHIP APPLICATION

## Date of Application

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## Applicant's Name and Address

Name: .....

Address: .....

State:..... P/Code: ..... Tele: (.....) ..... Fax: (.....) .....

Mobile: ..... Email: .....

## Post Secondary Qualifications

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<b><u>NOMINATED BY:</u></b>	<b><u>NOMINATED BY:</u></b>
Name: .....	Name: .....
Signature: .....	Signature: .....
Phone: .....	Phone: .....

- I agree to observe all rules and regulations within the Memorandum and Articles of Association of Chiropractic Education Australia.
- I agree to uphold the principles of the Company and to assist in all ways to accomplish its objectives.
- I agree to pay all dues assessed according to the requirement of my membership status.
- I hereby declare that all information given in this application is true and I understand that any misrepresentation on my part whether wilful or unintentional may cause me to forfeit my membership of this Company.

## Signature of Applicant

.....DATE: .....

**PLEASE RETURN COMPLETED APPLICATION FORM TOGETHER WITH YOUR CHEQUE OR CREDIT CARD DETAILS FOR \$33.00 (INCL. GST \$3.00) FOR YEARS 2016.**

Payment By Credit Card			
Card No:	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME: .....	<input type="checkbox"/>	MasterCard	
Signature: .....	<input type="checkbox"/>	VISA	
Expiry Date:	<input type="text"/>	/	<input type="text"/>
Amount: \$	<input type="text"/>		

**Please make cheque payable to:**  
 "Chiropractic Education Australia "  
 Chiropractic Education Australia  
 P.O. Box 444, FRENCHS FOREST NSW 2086

Tel: 02 9452 2385 Fax: 02 9452 2387  
 Email: [info@cea.org.au](mailto:info@cea.org.au)  
 Website: [www.cea.org.au](http://www.cea.org.au)  
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