

IMIS Membership Application
IMIS NSW Pty Ltd ABN 28532398478

Office use: **EXP**

Name: _____ Phone: _____

Address: _____

State: _____ Country: _____ Post/Zip code: _____

Email: _____

Level of membership requested (please circle): Fellow \$150 / Professional \$150 / Student \$66 / Affiliate \$66 (all include GST)

If you have professional or fellow membership, IMIS will:

1. Provide your contact details to individuals looking for an instructor.
2. Include your contact details and location on the members list available to all IMIS members.
3. List your name, number, and email on the IMIS public website for parent referrals.

What postcode would you like listed as your main teaching area?

If you would like your information to remain private and not to be listed as above, please tick here:

Other modalities/qualifications to be noted on the members list: _____
Modality 1 Modality 2

If you would like alternate contact details listed on the IMIS public website to those above please provide this information below:

Phone number: _____ Email: _____

Website: _____ (subject to IMIS approval)

Payment method Enclosed cheque or money order for \$ _____ Please debit my MasterCard / visa for \$ _____

Card number: _____ expiry date: ____ / ____

Name on card: _____ Signature: _____

Bank or internet transfer: Commonwealth Bank. BSB: 062313 Account Name: IMIS NSW Pty Ltd
Account number : 10243946 Reference: Surname, first initial + mem (e.g. Smith.B mem)

How many parents have you taught in the last 12 months? _____

- Member access: I do not have access to the internet, please send a quarterly newsletter update
 I do have internet access and have access to the members locked website
 I would like to access the members locked website, please send an invitation to my email inbox

Payments received are non-refundable. Membership up-grades are not guaranteed and are subject to approval. Membership will be renewed at the same level each year utilising the payment details provided unless otherwise requested in writing. In completing this membership application, I agree to uphold the standards and ethics prescribed by the Infant Massage Information Service.

Signed _____ Date _____

Admin: For completion by ph. write 'by phone' on sig. line + Initial, date and time.

Office use only:

- Process payment. Create QB inv & nb, for c/c's. msg on inv="Membership will be..."
- Note exp. date top right e.g. EXP JUN-12
- Conf address, email & ph are as on file. If not - update. QB note e.g. 7/7/11: updated address as per mem. App from.... to
- Delete customer type in QB if there is an entry in that field
- Add or revise the comp. name code to ensure current & correct
- Mem.cert if pro or fellow
- Mem# in QB notes if pro or fellow
- Check exp date of babymassage.net.au site listing/add listing if needed. Chk No listing for stu or aff level membership
- Add to current mem listing WITH exp date