



# MEMBERSHIP APPLICATION

The Association of Professional Aestheticians of

Australia A.C.N. 001 511 280

Postal Address: PO Box 404, BEENLEIGH QLD 4207, AUSTRALIA

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MEMBERSHIP IS ANNUAL

FEES ARE DUE TWELVE MONTHS FROM JOIN UP DATE

A ONCE ONLY Joining Fee of \$50 applies to new members. Membership Fee is \*\$295 inc GST per year.

*\*Fees subject to change A tax invoice receipt will be provided upon payment*

Full Grade 1 Membership	Associate Grade 2 Membership	Associate Grade 3 Membership
<p>Requirements: Grade 1 Members must hold a beauty therapy diploma from a state recognised training organization (or equivalent) plus more than five years work experience</p> <p>Or</p> <p>A beauty therapy diploma received from a training organisation recognised as an APAA educational sponsor.</p> <p>A Full Professional Member Grade 1 Level has the right to use the initials FMAPAA after their name.</p>	<p>Requirements: Grade 2 members must hold a beauty therapy diploma from a registered training organisation (or equivalent) plus less than 5 years work experience.</p> <p>An Associate Member Grade 2 Level has the right to use the initials AMAPAA after their name.</p>	<p>Requirements: Grade 3 Members are associates of the industry that do not hold a beauty therapy diploma. They either hold qualifications for specialty treatments within the Beauty Therapy industry or have a business or academic affiliation with the beauty industry.</p> <p>An Associate Member Grade 3 Level has the right to use the initials AMAPAA after their name.</p>

## Ethical Code of Practice The Association of Professional Aestheticians of Australia

*As a member of the APAA, I shall at all times abide by the following Code of Ethics:-*

- I shall at all times conduct their professional activities in a manner, which reflects honour and integrity to my profession and will respect and maintain client confidentiality.
- I shall not communicate false or misleading information, whether written or spoken when promoting my products or services. I will at all times work within the boundaries of my professional training, and comply with legal, government and health department regulatory requirements.
- I shall refrain from knowingly being associated with any enterprise, which uses improper or illegal methods in obtaining business.
- I shall not engage in slander or criticism, which would injure the professional reputation or practice of another professional member, or another colleague.
- If I have evidence that another member has been guilty of unethical practices, it shall be my duty to inform the APAA Head Office in writing. The APAA will endeavour to maintain strict member confidentiality, wherever possible.
- I shall accept the responsibility to continue my education and the acquisition of further skills for the benefit and correct service to the public and for the continued respect of my profession.
- I shall participate in activities to help improve the body of knowledge of the profession by exchanging information, experiences and case histories with fellow members, for the benefit of others and my profession.
- I shall refrain from using my relationship with the APAA in such a manner as to state or imply official accreditation or approval beyond the scope of membership and it's aims, rules and policies. I will limit the use of the Association's distinguishing letters, i.e.; APAA, FMAPAA, AMAPAA, other than to Association activities or the statement of name and business address on a card, letterhead, advertising or published article.
- I shall ensure that anyone employed by me shall strictly adhere to the same Code of Ethics, as long as she/he is employed by me.
- A member should transgress any of the rules of the Association and/or this Code of Ethics; I shall voluntarily surrender and return my membership certificate.
- A member shall display a copy of this Code of Ethics in my consultation rooms where it is clearly visible to all clients.  
A member shall co-operate with fellow members in upholding and enforcing the Code.

I \_\_\_\_\_ acknowledge that I have read and understood the ethical code of practice for the APAA and will abide by this code of practice. I understand the Full Membership, Associate Membership and Student membership incurs an annual fee due in the month of January each year and a once off joining fee of \$50 is due upon application to the Association.

I would like my details to be provided to members of the general public who wish to access beauty treatments: **YES** **NO**

How did you hear about the APAA (please tick):  Beauty College  Co-Worker/Employee  Internet  Supplier  
 Trade Expo  Yellow Pages  Other: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION DETAILS** (please print clearly)

**Grade Applied For:** \_\_\_\_\_

Qualifications Currently Held: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you the Business Owner, Manager, Employee?: \_\_\_\_\_

Please place an x in the box for the Beauty Services you are currently providing:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Airbrush Make up       | <input type="checkbox"/> Ear Piercing              | <input type="checkbox"/> Massage                    |
| <input type="checkbox"/> Airbrush Tanning       | <input type="checkbox"/> Facials                   | <input type="checkbox"/> Microdermabrasion          |
| <input type="checkbox"/> Aromatherapy           | <input type="checkbox"/> Glycolic Peels            | <input type="checkbox"/> Nails – Gel                |
| <input type="checkbox"/> Body Piercing          | <input type="checkbox"/> Laser Hair Removal        | <input type="checkbox"/> Nails – Acrylic            |
| <input type="checkbox"/> Botox Injections       | <input type="checkbox"/> IPL                       | <input type="checkbox"/> Oxygen Therapies           |
| <input type="checkbox"/> Collagen or Restylane  | <input type="checkbox"/> Lithos Therapies          | <input type="checkbox"/> Schlerotherapy             |
| <input type="checkbox"/> Cosmetic Tattooing     | <input type="checkbox"/> Manual Lymphatic Drainage | <input type="checkbox"/> Waxing                     |
| <input type="checkbox"/> Day Spa Treatments     | <input type="checkbox"/> Make Up                   | <input type="checkbox"/> Slimming & Detox treatment |
| <input type="checkbox"/> Electrolysis           | <input type="checkbox"/> Manicure and Pedicare     | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Eye Brow/Lash Wax/Tint |  |   |

**MEMBERSHIP PROCESSING INFORMATION**

- Please fax or post **copies of all relevant qualifications**, or proof of your affiliation with the beauty industry. This must be provided with a **completed membership application form, joining fee (if applicable) and annual membership fee payment** when applying for membership.
- Allow three weeks for processing.
- Your diploma(s), qualifications will be sighted by the National Executive Committee to ensure that members meet the standard required by our Association.
- Please note that the information that you provide on this form is "personal information" pursuant to the Privacy Act 1998 ("the Act"). This information is being collected for the purposes of processing your membership, to provide references to the general public for beauty therapy services and to keep you informed of the activities of the Association of Professional Aestheticians of Australia (APAA). The intended recipient of this information is the APAA and its service providers. Please note that the provision of this information by you is voluntary. However, if you do not provide the information requested, the APAA may be unable to process your membership. You have the right of access to, and alternation of, personal information concerning yourself held by the APAA in accordance with the Act. The information is being collected by the APAA and will be held by the APAA

**PAYMENT DETAILS** – *please post application with payment & copies of qualifications*

Cheque Enclosed: please make payable to **APAA**      Amount: \$ \_\_\_\_\_

Credit Card Type:  Visa       Mastercard

Card Number:

Expiry Date:   /        Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Please contact APAA National Office for Direct Deposit details