

## APPLICATION FOR RENEWAL OF INDIVIDUAL MEMBERSHIP

### ABOUT YOU

Title:

First name:

Surname:

### YOUR BUSINESS DETAILS

ABN:

If you are a registered health fund provider, please list each fund and your provider number: *(use a separate sheet if required)*

Fund Name:

Provider Number:

Fund Name:

Provider Number:

### YOUR CONTACT DETAILS

Street or PO Box:

Suburb:

State:

Postcode:

Home phone:

Work phone:

Mobile phone:

Email address:

### YOUR STUDIO

Studio name:

Street or PO Box:

Suburb:

State:

Postcode:

*If you work at more than one studio, please attach a separate sheet with the details listed above for each studio.*

### TYPE OF MEMBERSHIP BEING APPLIED FOR

Individuals may apply to be an Associate Member, Matwork Member or Full Member. All Individual memberships are renewable annually. Every two years, Full & Matwork members must provide evidence that they have been awarded twenty Professional Development Points (PDPs) in the preceding two year period, hold a current Apply First Aid certificate, and hold public liability and professional indemnity insurance.

- ☐ **ASSOCIATE MEMBER ~ \$75 + GST** *Associate members are not qualified to teach the Pilates Method*
- ☐ General Associate Member *Please provide details of your background in Pilates or related fields*
  - ☐ Student Associate Member *Provide details of where you are training to be a Pilates instructor*
- ☐ **MATWORK MEMBER ~ \$180 + GST** *Please attach evidence that you have completed either Matwork Certification or a Basic-Intermediate Level Course in Pilates.*
- ☐ **FULL MEMBER ~ \$300 + GST** *Select the appropriate level:*
- ☐ Level 1: Graduate of approved certification program.
  - ☐ Level 2: Certification plus minimum 3000 hours experience.
  - ☐ Level 3: Certification plus minimum 5000 hours experience.
  - ☐ Level 4: Certification plus minimum 7000 hours experience.
  - ☐ Trainer Level 1: Level 3 plus Certificate IV in Workplace Training and Assessment.
  - ☐ Trainer Level 2: Level 4 plus Certificate IV in Workplace Training and Assessment.
  - ☐ Principal: Certification plus minimum 10000 hours experience.
  - ☐ Principal Trainer: Principal plus Certificate IV in Workplace Training and Assessment.

## PLEASE ATTACH:

- ☐ a copy of your Apply First Aid Certificate;
- ☐ evidence of current public liability and professional indemnity insurance policies;
- ☐ a signed copy of the Code of Ethics (available for download from the PAA website); and
- ☐ evidence of PDP's if required at this time.

## DECLARATION

I hereby declare that I have answered all questions honestly and to the best of my ability. I understand that the Pilates Alliance Australasia promotes a high level of quality and integrity amongst Instructors and I will continue with ongoing educational requirements as outlined by the PAA.

SIGNED: \_\_\_\_\_

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

## PAYMENT

*Payment in full is required to accompany this application.*

Cheques are to be made payable to *Australasian Pilates Industry Alliance*.

*Direct deposits are to:*

Account name      Australasian Pilates Industry Alliance  
BSB                      062258  
Account number    10139781

*You must include your full name in the direct deposit.*

## I AM PAYING BY:

- ☐ Cheque (included with this application)
- ☐ Direct deposit (copy of deposit receipt attached)

## LODGING MY APPLICATION

Please send your application and other documents to:

PO Box 42  
Cremorne Junction  
NSW 2090

*Please print and complete the form and mail to the PAA.*