

MUSIC AND IMAGERY ASSOCIATION OF AUSTRALIA INC

Reg.No.A0032180H ABN: 33 796 122 546

**TAX INVOICE**

**NEW MEMBERSHIP AND RENEWAL FORM**

(NB: The MIAA membership year runs from March 1st to the last day of February in the following year)

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| --- | --- | --- |
| **Membership Type** | **Description** | **Cost** |
| **Professional (RGIMT)** | A person who has completed all levels of training in the Bonny Method of Guided Imagery and Music, and has been accredited by the Association. | $275 |
| **Honorary Life** | Honorary Life Membership is the highest accolade awarded in recognition of an individual’s significant contribution to and service to the Music & Imagery Association of Australia. This membership is by invitation only. | $200 |
| **Affiliate** | A person who has completed a component of training but is not yet eligible to be registered; or a trainee currently enrolled in a training program | $110 |
| **General** | Open to the general public | $90 |
| **Retired** | Retired Registered GIM therapists | $90 |
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All fees include GST. Please retain a copy of this invoice for tax purposes. Receipts will be issued.

**Step 1: Pay the membership fee**

Please transfer to:

Acc. Name: Music and Imagery Association of Australia

BSB: 033-686

Acc. No.: 386657

\*Please include your last name (Family name) in the “Description” box

**Step 2: Inform the treasurer**

Please email Vannie at [vipwinfield@gmail.com](mailto:vipwinfield@gmail.com) to advise that payment has been transferred.

**Step 3: Fill the form (next page) and sign the declaration**

**Step 4: Return the form to membership secretary**

Please send the completed form to Gail at [gailgodfreymusic@gmail.com](mailto:gailgodfreymusic@gmail.com).

**New Membership and Renewal Form**

Please send to Gail at gailgodfreymusic@gmail.com

Name: .............................................................................................................

Membership Category: ......................................................................................

Amount Direct Debited: $.....................

Date debited: .......................................

Address: ..........................................................................................................

Email: ..................................................... Phone: .........................................

**ALL MEMBERS:**

In paying this invoice, I certify that I: Yes No

* Meet the requirements for this category of membership ☐ ☐
* Agree to abide by MIAA’s Code of Ethics and Constitution. ☐ ☐
* I would like to have my email address and city of residence

made available to other MIAA members for networking purposes ☐ ☐

Signature: ..................................................... Date: …....../......../..........