



REHABILITATION COUNSELLING ASSOCIATION OF AUSTRALASIA
APPLICATION FOR MEMBERSHIP

(please print ALL details)

ELEGIBILITY DETERMINATION (Include with Application): \$25.00 (non-refundable for full membership applications)
(When approved \$25.00 will be deducted from membership payment of \$250.00)

CATEGORY OF MEMBERSHIP BEING APPLIED FOR:

- Full (Annual payment \$250.00) Student (Annual payment \$30.00)
Full (Quarterly payment \$75.00 = \$300 per annum)

Discounts offered when renewing membership:

- up to \$50.00 per full member - bringing 2 new full members (\$25.00 each) or
- providing a significant service to RCAA
(e.g. director, or other significant role approved by RCAA directors)

PERSONAL PARTICULARS

Title: Mr Miss Ms Mrs Dr

Surname: _____

Given Names: _____

Date of Birth: _____

Work Details:

Company: _____

Position: _____

Address: _____

Postcode: _____

Telephone: _____

Facsimile: _____

Mobile: _____

Email: _____

Residential Address:

Postcode: _____

Telephone: _____

Facsimile: _____

Mobile: _____

Email: _____

Send Correspondence to: Work Home Email

PLEASE INDICATE YOUR MAIN AREA OF EMPLOYMENT:

- Federal government Community Sector Private Practice
State government Industry/Business Academic/Research

ACADEMIC QUALIFICATIONS

FULL MEMBERSHIP requires the completion of an R.C.A.A. approved tertiary qualification in rehabilitation counselling (with specific content). **Please provide a certified copy of a relevant academic transcript** clearly indicating the program of study and results.

Title of Qualification: _____
Institution: _____
Year Completed: _____

STUDENT MEMBERSHIP requires the applicant to be currently undertaking a tertiary qualification in rehabilitation counselling. **Please provide evidence of current enrolment e.g. a letter from the program convenor.**

Title of Qualification: _____
Institution: _____
Year Completed: _____

PRIVACY CLAUSE

Please read the following Privacy Clause and choose whether or not to accept:

RCAA will not provide your personal information to anyone outside RCAA.

RCAA will allow its Corporate Partners access to members' preferred mailing address unless otherwise stated.

- I agree with and accept the Privacy Clause
 I do not wish my details to be made available to Corporate Partners of RCAA.

CONDUCT

1. Have you ever been, or are you in the process of being investigated by a complaints, standards or professional conduct committee? Yes No
2. Have you ever been convicted of a criminal offence (not including traffic offences)? Yes No
3. Have you ever been refused membership or had membership cancelled by another professional body? Yes No

If you answered yes to any of Questions 1,2, or 3 please provide further details.

DECLARATION OF APPLICANT

I do hereby declare that the statements made by me in this application are correct.

Signature: _____ Date: _____

PLEASE RETURN DOCUMENTS TO:

Membership Committee
Rehabilitation Counselling Association of Australasia (RCAA)
PO Box 9061, MOONEE BEACH NSW 2450

APPLICATIONS may also be submitted by EMAIL: admin@rcaa.org.au

Eligibility determination fee of \$25.00 must accompany application for full membership (non-refundable).

No application fee for student membership.

On approval of your application an invoice for the balance of your membership subscription will be sent.

Phone enquiries: 02 6653 6736 - ACN 105 804 073 - ABN 28 105 804 073

Payment can be made by cheque, money order or Credit Card in favour of RCAA.

My cheque/money order for \$ _____ is enclosed

OR I authorise RCAA to debit my - Bankcard Mastercard Visa the sum of \$ _____

Card Number _____ Expiry Date ____

Cardholder's Name: _____ Cardholder's Signature: _____

A tax receipt will be issued.