



Associate Membership Application

An Estuary Learning Associate Member is a member of the community. They are neither a practitioner nor a student of Natural Medicine.

REQUIREMENTS

- A lifestyle interest in Natural Earth Medicine at a non professional level.
- A keen interest in learning more about traditional ways of healing
- A willingness to share with others the traditional knowledge that is part of your daily life: local wilderness knowledge, plant spirit knowledge, your garden, your kitchen, your energetic medicine, your knowledge of the night sky. Estuary Learning respects the ancestral teachings of Earth Medicine.

BENEFITS

- Access to a variety of events in your community of natural and energetic healers.
- Access to a variety of events in your neighbourhood or online.
- Access to a variety of courses provided you meet possible prerequisites
- An opportunity to take an active role in community grassroots education. Teaching others what you know, and learning more as you go along.
- Access to a mentorship program.
- Access to our newsletter
- Cultivate wisdom, depth of spirit and good Karma.



Estuary Learning Contact Details

Office: 165 Darby St, Cooks Hills 2300 NSW
Phone: 02 4926 2096
Website: www.estuarylearning.org.au
Email: membership@estuarylearning.org.au

MEMBERSHIP APPLICATION

Please read the membership information before completing this form.

Personal Details

First Name

Last Name

Postal Address

Suburb

Post Code

State

Contact Number

Email Address

Date of Birth

Country of Birth

Have you ever been known by any other name? Yes No

If YES please state:

Are you a member of any relevant associations? Yes No

If YES please state which ones and membership numbers

Educational Experience

Name of educational institutions (IF ANY) you attended/are attend-

Name of natural therapy qualification/s (IF ANY) & date/s completed:

Other Educational Qualifications

Are you currently working in the field of Natural Earth Medicine? Yes No

If yes, please include a brief outline of your work history in this field (300 words)

Are you being recommended by an Estuary Learning Founding Member for membership? Yes No

If Yes, please state name/s of Estuary Learning Founding Member/s.

If No, an Estuary Learning member will contact you in the 14 working days. How did you hear about

Part D | Membership Selection

Select Membership type you are applying for: (select box)

Prices are correct at time of publication but are subject to change without notice. Additional \$5 Admin fee not included in pricing.

Associate

\$90 for full year (July to June)

\$45 half year (Jan to June)

Have you ever been convicted of a criminal offence, had a complaint made against you considered by a complaints or disciplinary body including other associations, been suspended or expelled from an association, or been refused Professional Indemnity insurance?

Yes

No

If Yes a founding member of EL will contact you within 14 days

Part E | Declaration

I declare that the information provided in this application and supporting documentation is true and correct. I agree to abide by the policies and regulations of Estuary Learning Inc. and have read and am in agreement, and in harmony, with the core values and philosophy of Estuary Learning Inc. I agree to respect and act in accordance with them whilst I am an Estuary Learning Inc. member.

Name of Applicant

Signature

Date

Part F | Checklist

Copy of Qualification

Copy of Association membership certificate/s

Privacy Statement

Estuary Learning Inc will not disclose your personal information to any third party and is used exclusively for purposes of Estuary Learning Inc membership.

Security Statement

The security of your Personal Information is important to us, but remember that no method of transmission over the Internet, or method of electronic storage, is 100% secure. While we strive to use commercially acceptable means to protect your Personal Information, we cannot guarantee its absolute security.

Terms and Conditions

Membership of Estuary Learning is by recommendation of our members. You will be considered for membership on the grounds of your natural alignment with the vision, mission and values of Estuary Learning, as shown in your professional behaviour and demonstrated attitudes. You will also be recommended for a level of membership recognising your experience in Natural Earth Medicine in your modality.

The success of your application for membership to Estuary Learning Inc. is at the sole discretion of the Steering Committee.

The category of membership you are accepted into of Estuary Learning Inc is at the sole discretion of the Steering Committee.

When an application is accepted the Secretary will issue an Invoice for the applicable Membership fee. On payment of that fee you will become a financial member of Estuary Learning.

Membership may be withdrawn if, in the opinion of the Steering Committee, a person's behaviour or demonstrated attitudes are no longer in alignment with the vision, mission, and values of Estuary Learning.

Office Use Only

Application checked, approved and entered

Invoice issued

Membership Certificate issued

Verified by

Name

● Processed by

Name

● Checked by

Name

Qualifications checked, approved and entered

Welcome Pack issued

Welcome Pack issued

Sign

Date

Sign

Date

Sign

Date