



Australian Association of Equine Podiotherapists

Membership Application

Applicant Name			
Date of Birth			
Contact Phone:	Mobile:	Home:	
Residential Address			
Postal Address			
Email Address			
Qualification Information			
Diploma Of Equine Podiotherapy Status	Student	Qualified	
Commencement Date of Diploma of Equine Podiotherapy			
Completion Date of Diploma Of Equine Podiotherapy			
Other relevant Qualifications			

Employment Information					
Are you currently working as a trimmer / podiotherapist?	Full Time	Part Time	Case Studies Only	NO	
Do you intend to work as a trimmer/ podiotherapist?	YES		NO		
Geographic area of your work					
Optional Information					
Do you have insurance?	YES		NO		
What sort of insurance do you have?	Public Liability	Professional Risk	Professional Liability	Income Protection	Other
Other Skills					
Do you have any other skills you think may benefit the Australian Association of Equine Podiotherapists					
Membership Cost					
Qualified or student	\$100				

Please complete the application & send to: eptassociation@gmail.com
 Lisa Agius-Gilbert, 90 Lakeview Dr, Cranebrook NSW 2749

Payment to: Australian Association of Equine Podiotherapists. BSB :063628 ACCOUNT: 1015 5408

*I authorize the verification of the information provided on this form as to my qualifications.
 I declare the above information to be true and correct as of this day.*

Applicants Full Name (please print): _____

Applicants Signature: _____ Date: _____

Office Use Only: Processed: _____ Fees Paid: _____ Membership Expires: _____