



Full, 1st and 2nd Year in Practice Membership Declaration

I, _____, Membership # _____,

declare that I am an osteopath registered in a State or Territory of the Commonwealth of Australia. I agree to abide by the AOA Constitution and Code of Conduct and I am of good fame and character and a fit and proper person to be a member of the Association.

I have current and sufficient Professional Indemnity Insurance and am committed to the principles of Continuing Professional Development.

I am aware that I must complete the annual Continuing Professional Development requirements.

Signed

Date