



**HOLISTIC ANIMAL  
THERAPY ORGANISATION**

ACN: 137251391

*Natural Animal Care You Can Trust*

## APPLICATION FOR MEMBERSHIP

Title \_\_\_\_\_ Surname \_\_\_\_\_

First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_ Date of birth \_\_\_\_\_

Address (Postal): \_\_\_\_\_

Address (Residential) \_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Mobile \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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<i>Office use:</i>	<i>Membership No:</i>
<i>Date Received:</i>	<i>Member Level:</i>
<i>Date presented:</i>	<i>Fee Processed:</i>

**Please tick the appropriate membership category below.  
Membership Fees are Payable with Application.**

## **Practitioner membership**

**Practitioners who are qualified in the field of natural animal health to the minimum requirement of the HATO practitioner membership standards.**

Practitioner membership entitles you to the following benefits:

- Access to discounted professional indemnity insurance through HATO.
- Free listing on the online HATO practitioner directory.
- HATO membership certificate to display in your clinic.
- The use of the HATO name and logo on your website, stationery and marketing materials.
- Receive the HATO online newsletter.
- Practitioner referral service from public enquiries to the HATO office.
- Updates on industry related information including seminars and workshops in holistic animal health from around the world.

**\$140.00 for a full year membership (1<sup>st</sup> July to 30<sup>th</sup> June) plus \$95.00 joining fee = \$235.00 due on application.**

**NB: If joining between January to June, initial membership is reduced to \$90.00 plus \$95.00 joining fee = \$185.00 due on application.**

## **Student membership**

Student membership is for people who are currently enrolled in a course in the natural animal health field. Student membership entitles you to receive quarterly copies of the HATO online newsletter and updates on industry related information including seminars and workshops in holistic animal health. Student members will also benefit from a simplified process to upgrade to practitioner status on successful completion of a HATO accredited course\*

**\$60.00 for a full year membership (1<sup>st</sup> July to 30<sup>th</sup> June).**

\* Upgrading to HATO Practitioner Membership is dependent on the eligibility to become a HATO practitioner member. Please see website for further information.

Please note: HATO student members are not practitioners and therefore are not permitted to treat animals or advertise to treat animals until they have successfully completed appropriate training. Student members abide by the decisions made by the HATO board and will not use the HATO name or logo in any way to imply that they are a practitioner member of the HATO.

I fully understand and agree with these conditions.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

## **Corporate membership**

This is open to companies, businesses, individuals or institutions who are interested in supporting and advancing the field of natural animal health.

Corporate membership entitles you to recognition of corporate status in the HATO newsletter and allows you to advertise on the HATO website. Corporate membership also entitles you to use the HATO name or logo in marketing materials providing the use in no way implies practitioner membership of the organisation. Please note that corporate membership is subject to approval by the HATO board.

**\$500 for a full year membership (1<sup>st</sup> July to 30th June).**

I/We fully understand and agree to abide with these conditions and agree to abide by the principles of HATO at all times.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

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## **HATO MEMBERSHIP APPLICATION**

### **PAYMENT METHODS**

Application and membership fees can be paid by direct bank transfer, or by cheque or money order made payable to “HATO” and attached to the front of your application form.

#### **Direct Bank Transfer**

Bank SA

Account name: Holistic Animal Therapy Organisation

BSB: 105-019

Account No: 041535540

Please include your surname in the bank payment details (Not your business name).

## Application for Practitioner or Student Membership

### ACADEMIC BACKGROUND

- Please list:
- Qualifications – degree, diploma, certificate, etc.*
  - Details of educational institution where qualifications were gained*
  - Time required to complete each qualification*

**NB: If you are applying for Student Membership** – please complete the course details of your enrolled course below but state ‘Student’ in the qualification section as well as the title of course being studied. Please also include the date of anticipated graduation. **If you are applying for Practitioner Membership** – Certified copies of qualifications must be provided (refer below).

| <i>Qualification</i> | <i>Name of College, University or Institution</i> | <i>Contact details of College, University or Institution</i> | <i>Duration of Course</i> |
|----------------------|---------------------------------------------------|--------------------------------------------------------------|---------------------------|
|                      |                                                   |                                                              |                           |
|                      |                                                   |                                                              |                           |
|                      |                                                   |                                                              |                           |
|                      |                                                   |                                                              |                           |
|                      |                                                   |                                                              |                           |

*If insufficient room please attach a sheet detailing further qualifications*

***\*Please Note:*** Applicants that have completed a course that has been provided by HATO are not required to complete the ‘Contact details’ or ‘Duration of course’ sections on this page and they are not required to provide copies of their qualifications from HATO courses. Applicants that have successfully completed a course that has been *approved* by HATO are not required to complete the ‘Contact details’ or ‘Duration of course’ sections.

## **DECLARATION**

*(To be completed for application as a practitioner or student member)*

### **I SOLEMNLY AND SINCERELY DECLARE THAT:**

1. *I am the person named and shown in the documents accompanying this application.*
2. *This application is made on the basis of the truth and correctness of all information supplied.*
3. *I have not been convicted of a criminal offence in any country at any time and I have not had any claims made against me.*
4. *I understand that it is a requirement that all claims, circumstances and events which could result in any claims being made against myself must be reported immediately to the Holistic Animal Therapy Organisation.*
5. *I have not had my name removed from any professional register for misconduct or fraudulent behaviour.*
6. *I acknowledge that HATO may, in its absolute discretion, grant or refuse membership without assigning any reason therefore.*
7. *If accepted as a member of HATO, I agree to be bound by the Code of Ethics, rules and regulations established by HATO.*
8. *As a practitioner, I agree to maintain adequate professional indemnity insurance at all times.*
9. *Documentary evidence of my educational and professional qualification submitted with this application remains current at the date hereof and no action is pending in respect thereto.*
10. *As a practitioner, I will only ever use and apply healing methods that I am qualified to perform.*

*I hereby declare that the information provided by me in this application is true and complete.*

Full name \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Applicant)

***Applicants applying for Practitioner membership are required to have their academic documents certified (refer below for list of approved certifiers)***

***\* Does not apply to qualifications gained from HATO courses.***

### ***Statement by Certifier:***

*I hereby declare that I have sighted \_\_\_\_\_ (insert Number) original academic documents and certify that the copies initialled by me are true and correct.*

Print Name (Certifier) \_\_\_\_\_

\_\_\_\_\_ Ph No: \_\_\_\_\_  
(Signature of Certifier)

*Address of the person certifying the documents:*

**Please post your completed application to:**

*HATO Membership Application, PO Box 543, Strathalbyn SA 5255, Australia*

**Certified copies of qualifications need to be provided with the application for practitioner membership unless the course was completed through HATO.**

**Applicants can have their documents certified by any of the following:**

Justice of the Peace, Bank Managers, Barristers and Solicitors, Clerks of Courts, Commissioner of Affidavits, Commissioner for Declarations, Members of Parliament, Australian Consular or Diplomat, Judges, Police Officers.

**Please note:** If you have a different name on your enrolment document, you need to provide legal proof of name change such as a marriage certificate certified by an approved certifier. Please refer to list above.

**PROFESSIONAL INDEMNITY INSURANCE: (MUST BE COMPLETED)**

Details of Professional Indemnity Insurance cover.

**Practising HATO members are required to have professional indemnity insurance of at least \$2,000,000 at all times and evidence of this cover is required.**

Name of Insurance Company .....

Policy expires .....Amount of cover \$ .....  
(Attach copy of insurance certificate)

**or**

I agree to take out Professional Indemnity Insurance cover upon acceptance as a HATO practitioner member.

(Applicants signature) .....

**\* HATO offers approved members access to excellent professional insurance cover through one of the largest insurance companies in the world at very competitive rates.**

If applying for membership as a chiropractor, osteopath or physiotherapist, evidence of chiropractic, osteopathic or physiotherapist board registration must accompany the application. In addition, evidence of your professional insurance policy is required as insurance through our recommended insurer is not available for these professions.

## **APPLICANTS CHECKLIST (To ensure application is fully completed)**

Your application is regarded by HATO as an important step in becoming a member of an association that is dedicated to supporting qualified practitioners of natural animal health. It is essential that the application is fully completed and that all supporting documentation supplied has been certified as required. Applications are assessed on the information supplied and the following checklist is provided for your convenience.

*If an application is incomplete or has non-certified documentation (in the case of practitioner membership applications) it will not be approved.*

**All of the following information is required in your application for membership. Please post all of the following documents and fees to:**

**‘HATO Membership Application’ P.O. Box 543, Strathalbyn, SA 5255, Australia**

### **STUDENT MEMBERSHIP APPLICATIONS:**

- Application forms must be fully completed.
- Correct membership and application fees must be included or paid via direct bank transfer prior to application (Please refer to ‘Payment Methods’ above for information).

### **PRACTITIONER MEMBERSHIP APPLICATIONS:**

- Application forms must be fully completed.
- Correct membership and application fees must be included or paid via direct bank transfer prior to application (Please refer to ‘Payment Methods’ above for information).
- All documentation must be certified by a Qualified Person (see list above) as being a **“True copy of the original document”**. Failure to do so will delay your application. Please note: Certified copies of qualifications from courses provided by HATO are not required.
- The Statutory Declaration provided in this form is to be completed.
- Copy of Professional Indemnity Insurance or a signed declaration of agreement to organize insurance upon acceptance of membership with HATO (refer above).
- All documentation supplied must be in English or accompanied by an English translation certified by an Australian Government accredited translation service.