



## AUSTRALIAN INSTITUTE OF EMBALMING PTY LTD

**APPLICATION FOR MEMBERSHIP****Category: FULL MEMBER****PARTICULARS OF APPLICANT****(Please print details)**

Surname: \_\_\_\_\_

Given Names: (In Full) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_

**CURRENT EMPLOYMENT**

Employer Name: \_\_\_\_\_

Since /

/ \_\_\_\_\_

Business Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

**EDUCATIONAL QUALIFICATIONS**

Name of qualification : \_\_\_\_\_

***(please attach copy of certificate)***

\_\_\_\_\_

Name and location of Registered Training Organisation/Educational Institute: \_\_\_\_\_

\_\_\_\_\_

***(Please attach copy of transcript of subjects)****Please note:*

Applicants for membership whose qualification is other than Certificate IV Funeral Service (Embalming) will be required to prove their qualification is acceptable to the board. All qualifications greater than 5 years old may be required to carry out a practical observation in the presence of an AIE Observer and provide a copy of five case studies, two of which must be posted cases. Practical assessments are at the applicants cost as prescribed by the board.

**DETAILS OF PAST EMPLOYERS**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**PROFESSIONAL ASSOCIATION MEMBERSHIP**

British Institute of Embalmers YES/NO Certificate

No: \_\_\_\_\_ Dated: \_\_\_\_\_

New Zealand Embalmers Association YES/NO Certificate

No: \_\_\_\_\_ Dated: \_\_\_\_\_

Other: \_\_\_\_\_

*(Please forward copy of current certificate(s) with application form)*

**CODE OF ETHICS**

1. I believe the practice of embalming is in the interest of public health and agree to promote embalming to the best of my ability.
2. I will treat with respect all human remains.
3. I guarantee a completely confidential relationship to those I am called on to serve.
4. I will endeavour to promote scientific research in the problems effecting embalming.
5. I undertake to abide by the Constitution of the Australian Institute of Embalming Pty Ltd and to support to the best of my ability any meetings or gatherings arranged by The Institute.

**DECLARATION**

I, \_\_\_\_\_ whose particulars are enclosed hereby apply to be admitted as a member of The Australian Institute of Embalming and in terms of the Constitution of the Institute agree to observe all regulations and by-laws of the Institute. I agree to abide by the Code of Ethics of the Institute.

Signature of Applicant .....Date.....

**NOTE: Upon completion of application, an invoice will be sent for Membership Subscription & Joining Fee**

**Please return application form to:**

**The Australian Institute of Embalming Pty Ltd  
PO Box 291  
KEW EAST VIC 3102  
AUSTRALIA  
Email: [aie@afda.org.au](mailto:aie@afda.org.au)**

# PROPOSER

I, being a Member of AIE propose that.....be accepted into the Australian Institute of Embalming as a Full Member.

## PROPOSER DETAILS

Surname: \_\_\_\_\_

Given Names: (In Full) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

Signed.....

Australian Institute of Embalming Membership No:.....

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# SECONDER

I, being a Member of AIE second that..... be accepted into the Australian Institute of Embalming as a Full/Student (*Please circle*) Member.

## SECONDER DETAILS

Surname: \_\_\_\_\_

Given Names: (In Full) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

Signed.....

Australian Institute of Embalming Membership No:.....