



**AUSTRALIAN INSTITUTE OF EMBALMING PTY LTD**

**APPLICATION FOR MEMBERSHIP**

**Category: STUDENT 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 \_\_\_\_\_

Fax \_\_\_\_\_

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

**DETAILS OF PAST EMPLOYERS**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**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.....

Student Applicants please provide name of Mentor:.....

**FEES**

*Students enrolled in a MFE or FIDA course receive a FREE Student membership for the first year or pro-rata thereof depending on the joining date. on the 1 July each year they will receive an invoice to join as a paid Student Member.*

**PROPOSER**

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

**PROPOSER DETAILS**

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

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

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

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

Signed.....

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

**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)**

