AUSTRALIAN INSTITUTE OF EMBALMING PTY LTD

APPLICATION FOR MEMBERSHIP

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 AIE 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 and approval by the AIE Board an invoice will be sent for Membership Subscription

Please return application form to:

The Australian Institute of Embalming Pty Ltd
PO Box 1048
MOUNT WAVERLEY VIC 3149
AUSTRALIA
Email: aie@funeralsaustralia.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:……