

**AUSTRALIAN BOBATH NEURODEVELOPMENTAL THERAPY ASSOCIATION
AOO28064N**

2009 -20010 Membership Application

Name:-

Preferred Postal Address:-

.....Postcode:-

Telephone (Home):-(Business):-

Fax:-.....Email:-.....

Preferred Correspondence Email Address:-

Qualification:-

(Newsletters will be sent out via email – if you would like prefer to receive a hardcopy Please tick the Box)

Membership categories:

- New Member Renewing member
- Category 1. Full member (voting member)
Have completed an 7/8-week A.B.N.D.T.A. recognised paediatric foundation/basic course
- Category 2. Associate Member (Non voting member)
Have not completed a 7/8 week recognised course but supports A.B.N.D.T.A and its principles
- I am happy for my name to be made available to other members

Bobath N.D.T. Courses you have completed

(Please enclose copies of certificates if a new member)

Type of Course	Date	Instructor	Place
Foundation/Basic 7/8 week paediatric			
Refresher			
Early Intervention			
Advanced Analysis of Movement			
Instructor Training			
Other (specify)			

I hereby apply for membership of A.B.N.D.T.A. and enclose my annual subscription for 1st July 2009 - 30th June 2010 of \$55.00 inc GST.

(Cheques made payable to A.B.N.D.T.A. Inc.)

Signed.....

Please return to: ABNDTA
Membership Secretary
P.O. Box 2240
New Farm Qld 4005

Payment may be made by internet transfer.
Please include your name + rego (eg kcaynes+rego) in the transaction description
Bank: ANZ
BSB 013377
Acc No. 100349576
A printed copy of the transaction receipt must be posted to ABNDTA for our records.