

## **International Psychics Association**

Australian Psychics Association (ABN: 59 274 940 728)
PO Box 5645, South Windsor NSW 2756, Australia PHONE: +61 2 9368 1177
EMAIL: IPA-psychicsassociation@outlook.com www.internationalpsychicsassociation.com

## **NEW MEMBERSHIP / RENEWAL**

- To join the International Psychics Association (IPA), one must send in three things:
   this completed form, 2) payment and
   four Statutory Declarations see point 3 below.
- 2. Until such original Statutory Declarations are received a member will be regarded as a Provisional Member of the IPA.
- 3. One Statutory Declaration is to be completed by the applicant stating their details and that they are a professional psychic who is ethical and accurate in their work. The other three Statutory Declarations are to be completed by people who have had a professional reading by the applicant and have been satisfied with their work. Copies may be made, but original forms are required. Blank Statutory Declaration forms can be purchased at newsagents or acquired free online. These forms are required from new applicants only. For more information, visit our website: www.internationalpsychicsassociation.com.
- 4. Membership payment for Australian residents:
  - Credit card payments can be made by phone (02 9368 1177).
  - Pay online (www.internationalpsychicsassociation.com) by Visa, Master Card, Amex or PayPal.
  - Cheque and Australia Post Money Order payments can be sent to: IPA, PO Box 5645, South Windsor NSW 2756.
  - By EFT (or cash deposit): Account Name: International Psychics Association. Commonwealth Bank. BSB No: 062-692 Account No: 7432 3044. [Please quote your name as reference. Email details: IPA-psychicsassociation@outlook.com]

Dear Secretary,			
	( <i>legal name</i> ) woul mbership under the following qual		chics Association and enjoy the
Please tick applicable boxes			
Professional/New Me	ember or Renewal (Psychic consul	Itant) - A\$100.00 p.a.	A\$260.00 for 3 years
Inclusion in Web Site - (Current financial fu	Free (value A\$235) We all professional members only.)	eb:	
MY CURRENT ADDRESS:			
SUBURB:	STATE:	POSTCODE:	COUNTRY: AUSTRALIA
PHONE:	EMAIL:		
NAME FOR CERTIFICATE:		D.O.B (dd/mm/yy):/	/ 19 (I am over 18 years of age.)
I understand that my annual mem according to my qualification.	bership fee entitles me to one yea	r's full benefits (accreditation, onlin	ne representation, referrals, etc.)
I have read and understood this a	greement and hereby acceptall of	the IPA Mission, Code of Ethics a	and Terms & Conditions.
membership ceases to be in accor	membership can be terminated rdance and consistent with the IPA is the Directors will not be obliged to relation thereto.	Mission, Code of Ethics, Terms and	d Conditions and implied conditions
	SIGNATURE		DATE: / /
OFFICE USE			
DATE RECEIVED	MEMBERSHIP NO.	QUALIFICATION	PROCESSED BY
/ /			
STATS DECS SENT	STAT DECS (ORIGINAL) RECEIVED	CERTIFICATESENT	PAYMENT METHOD