



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

MEMBERSHIP RENEWAL

1. 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 or Amex.
- 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) would like to renew membership of the *International Psychics Association* and enjoy the benefits and privileges of said membership under the following qualifications:

Please tick applicable boxes ☒

** New rate has applied for all renewals from 1st July 2017*

☐ Professional / Member or Renewal - A\$100.00 p.a. (Psychic consultant) ☐ A\$260.00 for 3 years

☐ Inclusion in Web Site - Free (value A\$235) Web:
(Current financial full professional members only.)

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 membership fee entitles me to one year's full benefits (accreditation, online representation, referrals, etc.) according to my qualification.

I have read and understood this agreement and hereby accept all of the IPA Mission, Code of Ethics and Terms & Conditions.

I understand and accept that my membership can be terminated at the discretion of the Directors if they consider that my ongoing membership ceases to be in accordance and consistent with the IPA Mission, Code of Ethics, Terms and Conditions and implied conditions. I agree that in such a circumstance the Directors will not be obliged to give reasons for terminating the membership and I indemnify them against any legal or other action in relation thereto.

SIGNATURE _____

DATE: ____ / ____ / ____

OFFICE USE

DATE RECEIVED	MEMBERSHIP NO.	QUALIFICATION	PROCESSED BY
/ /			
STATS DECS SENT	STAT DECS (ORIGINAL) RECEIVED	CERTIFICATE SENT	PAYMENT METHOD
/ /	/ /	/ /	