

AUSTRALIAN NATIONAL ACUPUNCTURISTS AND CHINESE
HERBALISTS LTD ASSOCIATION LTD ANACHA LTD

NAME.....

ADDRESS.....

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.....

PHONE.....(w).....(h)

QUALIFICATIONS.....

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.....
.....
.....(attach copies)

CONTINUING EDUCATION.....

.....
.....
.....(if applicable)

OTHER ASSOCIATIONS.....

.....
.....(if applicable)

Please include copies of insurance (see Website) and current first aid.

All decisions of the Association are final and applicants agree to follow
The rules of the Association (see Website).

Signature.....

Date.....