

Application for Professional Membership

Nominated to join the SSEAA as a Professional Member

by _____
(full name of current member nominating you)

Your details to be registered with us:

Full Name _____

Residential Address _____

Postal Address (if different from above) _____

Contact Email _____

(N.B As per the constitution your details above are required to be entered into the register of members and may viewed by other members (not the public), however all members including the committee are bound to only use that information in relation association business. If you do not wish to have your addresses and/or email available for viewing by general members please advise us in writing)

Please complete the following declaration:

I, _____ (full name), am applying for professional membership of the Somatic Sex Educators' Association of Australasia.

I declare that I have completed a Certificate in Sexological Bodywork or equivalent qualification approved by the Association and was Certified in _____ (year) by _____ (name of training organisation).

In accordance with specific requirements of the following as detailed by the association, that may change from time to time, I agree to:

- 1) Abide by the Code of Ethics
- 2) Have regular supervision with a supervisor
- 3) Complete ongoing professional development
- 4) Pay the annual membership fee

Having agreed to the membership requirements of the Somatic Sex Educators' Association of Australasia, I ask to be accepted as a full professional member of the Association.

Signed

Dated

**Thank you for your application.
Please email completed form to admin@sseaa.org**