

Application for Associate Membership
Nominated to join the SSEAA as an Associate 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 _____

Phone _____

(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 to Association business. If you do not wish to have your address and/or email available for viewing by members of the SSEAA please advise us in writing.)

Please complete the following declaration:

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

In accordance with specific requirements detailed by the Association in its Constitution and other official documentation, which may change from time to time, I agree that:

1. I am currently not practicing as a Certified Sexological Bodyworker
2. If I choose to practice as a Certified Sexological Bodyworker I will, upon graduating from an approved training institution that has certified me as a Sexological Bodyworker, apply for full professional membership, or cancel my associate membership.
3. I will pay the annual associate membership fee

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

Signed

Dated