




INSTRUCTIONS FOR COMPLETION

Review the [CMA Membership Information](#) available on the CMA Website prior to completing this form

Read the [CMA Marketing & Supply Code of Practice](#)

Complete all information required for your application

 **Attach** all required additional documentation

Return to the CMA Membership Team at members@cmaustralia.org.au

CMA respects and is committed to maintaining the privacy of all members. All information provided will be used in accordance with relevant privacy legislation and is understood to be provided on a commercial in confidential basis.

Applicants can elect to have their details displayed on the CMA website and supplied to relevant third party preferred suppliers.

CMA reserves the right to audit any information provided by an applicant, or to request further documentation if required.

Please indicate the Membership category you are applying to:

Member Associate Member

Select a Membership Category from the list:

If you need assistance with completing this application form, please contact our Membership team, via members@cmaustralia.org.au or call us on (02)6260 4022

REGISTRATION AND OWNERSHIP

Company Name:

Trading Name(s):

ACN: ABN:

Postal Address:

Street Address:

Website:

Phone: Fax:

CEO Name:

CEO E-mail: EA or PA E-mail:

CEO Mobile:

Is your company a wholly or partly owned subsidiary of an overseas trading enterprise?

Yes

No

If Yes, please provide Company details below:

Parent Company Name:

Country of Registration:

Parent Company CEO

Name:

E-mail:

Mobile:

CONTACTS

Main Contact Details

Main Contact Name:

Main Contact Position:

Main Contact E-mail:

Main Contact EA/PA E-mail:

Main Contact Mobile:

Additional Contact Details

Regulatory Affairs Contact Name:

Contact Position:

Contact E-mail:


Contact Mobile:

Marketing Contact Name:

Contact Position:

Contact E-mail:

Contact Mobile:

 *If you would like to have additional contacts to receive CMA information, please attach a list.*


NET ANNUAL REVENUE

Please note: the definitions and parameters used to determine your net annual revenue can be found in the [CMA Membership Information](#) on the CMA website.

What was your organisation's net annual revenue for the past, full financial year:

If you fall under the Association membership category, net annual revenue does not apply to Associations.

Please provide the number of existing members in your Association:

 Please attach a statutory declaration of revenue signed by your CFO or Accountant, or a copy of your financial statement. If you fall under the Association membership category, please attach a statutory declaration with the number of existing members in your Association.

PLEASE DO NOT SEND PAYMENT WITH YOUR APPLICATION

A tax invoice will be mailed to your nominated address following approval.

RELEVANT LEGAL ISSUES

Have any of your senior management, or Directors of the organisation been convicted of a criminal offence against a law of the Commonwealth or of an Australian State or Territory?

Yes

No

Has the organisation had its licence to manufacture or trade cancelled or suspended in part or in full?

Yes

No

If Yes, please provide details on a separate sheet

PUBLISHING / SHARING OF COMPANY DETAILS

In recognition of your support, all CMA Member company names and URLs (only) are made available on the CMA website. If you do not wish for your business to appear, please tick below:

Do not show show my business name on the CMA website.

CMA has the potential to partner with companies that may supply specialist services to our members. If you would like a specific person in your business to be contacted by partners, please provide contact details here:

Contact Name:

Contact Position:

Contact E-mail:

If you do not wish for your business to appear, please tick here:

Do not share my business details with partners of the CMA.

DECLARATION AND SIGNATURE

I confirm that I have read and understood the CMA Information Kit prior to completing this application.

I understand that the information submitted within this application has been provided on a confidential basis and will not be used by CMA for purposes other than building a profile of the complementary medicine industry generally, and in specific circumstances detailed above.

I confirm that I have read and understood the CMA Marketing & Supply Code of Practice and, on behalf of the applicant, declare that the applicant agrees to operate in accordance with the CMA Marketing & Supply Code of Practice.

I acknowledge that all members of CMA are obliged to comply with the CMA Constitution at all times, and that failure to do so may result in the termination of membership.

I acknowledge that the information given within this application will be used to determine the correct category and fee of CMA Membership. Should this information change, I acknowledge that an increase or decrease in membership fees may result.

I give approval that, for the purposes of considering this application for CMA Membership, CMA may make such enquiries with Commonwealth and/or State/Territory authorities as deemed necessary. In addition, I understand that CMA may seek the views of its members and others to inform judgement as deemed necessary.

I declare that the information provided in this application is true and complete and understand that CMA reserves the right to vary or reverse any decision on CMA membership based on incomplete or incorrect information.

Company Name:
(Applicant)

Name:
(Authorised Person*)

Position Title:

Date:

Signature:
(Authorised Person*)

* The Authorised Person should be a senior executive officer of the organisation, i.e. Executive Director, Managing Director, CEO etc

Thank you for your membership application to Complementary Medicines Australia. This will now be assessed and you will receive notice of the outcome within 20 working days of receipt.