



**Complete** all information required for your application and **Return** to the CMA Membership Team at [members@cmaustralia.org.au](mailto:members@cmaustralia.org.au)

Please indicate the Membership category you are applying to:

Member

Select a Membership Category from the list:

Finished Products  
(brand owner/sponsor/manufacturer)  
Raw Material Supplier  
Distributor/Wholesaler  
Retailer

Associate Member

Select a Membership Category from the list:

International  
Association  
Industry Consultant  
Corporate Retailer

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

**REGISTRATION AND OWNERSHIP**

Company Name:	<input type="text"/>		
Trading Name(s):	<input type="text"/>		
ACN:	<input type="text"/>	ABN:	<input type="text"/>
Postal Address:	<input type="text"/>		
Website:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Primary Contact Name:	<input type="text"/>		
E-mail:	<input type="text"/>		
Mobile:	<input type="text"/>		

**NET ANNUAL REVENUE**

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 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

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**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

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*CMA is committed to maintaining the privacy of all members. All information provided will be used in accordance with relevant privacy legislature 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.*

**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.**