

**MEMBERSHIP RENEWAL FOR THE AUSTRALIAN SOCIETY FOR PERFORMING ARTS  
HEALTHCARE**

**CONFIDENTIAL - Please complete this form and return it to the Secretary, the  
Australian Society for Performing Arts Healthcare**

Surname:		Given Names:	
Residential Address			
Postal Address (if different from above):			
Telephone:	Fax:	Mobile	
Email			
Gender:		Date of Birth:	
Name the area of the Performing Arts with which you are involved (You may nominate more than one):			
Name the capacity in which you are involved (eg as performer, administrator, teacher or health carer,) and state whether you are involved as an amateur or a professional:			
Name any professional registrations and/or memberships you hold:			
Have you at any time, in NSW or elsewhere, been convicted or made the subject of a criminal finding (other than in relation to an excluded offence)?			
Are there any criminal proceedings pending against you in NSW or elsewhere in relation to a sex or violence offence?			
Has your name been at any time, for any reason, suspended, erased or removed from any register or roll established or kept under any law in any country, State or Territory providing for the registration or certification of healthcare practitioners under a public authority, or been refused registration in any jurisdiction?			
<i>I hereby declare that I wish to apply to become a member of the Australian Society for Performing Arts Healthcare. I understand that it is the policy of ASPAH that potential members may be required to undergo criminal records checks prior to approval of their application by the Committee. ASPAH reserves the right to undertake relevant record checks prior to approving any application for membership.</i>			
<i>All information, including that gained from the performance of a criminal record check, shall be treated entirely in accordance with the Privacy and Personal Information Protection Act 1998.</i>			
Signature		Date	