



Alliance of International Aromatherapists

New Membership Application

Please complete this form, sign, make a copy for yourself,
and mail or Fax to AIA with your payment.

Name - please print your name as you want it on your membership certificate	Name of certifying aromatherapy school, date graduated (*see below)
Specialty or focus of aromatherapy practice	Credential(s) (Initials Only)
Practice Business Name or Company	
Address	
City, State (Province), Zip	
Phone Number (s)	
E-Mail address	
Website URL (address)	How did you hear about us?

Dues Selection

Dues are based on a calendar year; you will expire one year from the day you join.

Membership Category	Full year	
Associate Member	\$95	<input type="checkbox"/>
Professional Aromatherapist *	\$125	<input type="checkbox"/>
Advanced Practitioner (APAIA) need special app.**	\$155**	<input type="checkbox"/>
Business Member - 1 member	\$310	<input type="checkbox"/>
Business Member - 2-3 members	\$610	<input type="checkbox"/>
Business Member - 4-5 members	\$1,210	<input type="checkbox"/>

* If applying for the **Professional Aromatherapist** category, be sure to complete the information above on the school you attended, the date you received your certification and include a copy of your certification(s) with this application.

** Please request the **Advanced Practitioner Member** application packet. There is a \$25 non-refundable fee for the packet. Upon approval, the application fee will be deducted from the membership fee amount due. The packet is available by calling 1-877-531-6377 or on the web site at www.Alliance-Aromatherapists.org.

I certify that the information and statements made on this form are to the best of my knowledge and belief, true, correct, and complete.

Signature _____ Date _____

Yes No Include my information in the membership directory?

Method of Payment

Amount Enclosed (from page 2): \$ _____

Check (check or money order in US funds)
 MC
 VISA
 Discover
 Amex

Card Number _____ Exp. Date _____ VCode _____

Name on Card (print) _____

Billing Address if different from above _____

Signature _____