



# 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	
Professional Aromatherapist *	\$125	
Advanced Practitioner (APAIA) need special app.**	\$155**	
Business Member - 1 member	\$310	
Business Member - 2-3 members	\$610	
Business Member - 4-5 members	\$1,210	

\* 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](http://www.Alliance-Aromatherapists.org).

### Method of Payment

Amount Enclosed: \$ \_\_\_\_\_

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 \_\_\_\_\_

**PLEASE COMPLETE PAGE 2**

**Please send this form to AIA by fax or mail.**

**Fax: 303-531-6377**

**3000 South Jamaica Ct  
Suite 145  
Aurora, CO 80014**

**Questions?**

**Call 1-877-531-6377**

**E-mail: [info@alliance-aromatherapists.org](mailto:info@alliance-aromatherapists.org)**

**Additional Questions:**

- Yes  No  Include my information in the membership directory?
- Yes  No  Have you been subject to disciplinary proceedings, or had civil proceedings brought against you in relation to your practice and/or professional standards?
- Yes  No  Have you ever been refused membership to any professional organization or had your membership terminated or suspended?
- Yes  No  Within the last five (5) years, have you or are you undergoing any dispute, or are involved in any claim (legal or otherwise) with any professional membership organizations or governing bodies?

If you answered yes to the previous three questions, please provide brief details

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**AIA Code of Conduct**

As a member in good standing with the Alliance of International Aromatherapists, I shall:

provide truthful, accurate information in my application and all renewals. I will notify AIA, within sixty (60) days, of updates related to changes in contact information (name, address, email, phone, etc.).

maintain professional decorum with all AIA staff, aromatherapy professionals and clients at all times. Additionally, this includes, but is not limited to, appropriately citing other's material when used in any of my documents, website, education materials, etc.

maintain professional, kind, and conscientious decorum with all AIA staff, other aromatherapy professionals and clients at all times.

refrain from plagiarism and/or intellectual property theft (in any form), by appropriately citing other's material and original ideas when used in any of my documents, website, education materials, etc.

refrain from habitual use of alcohol or any drug or substance which impairs competent and objective professional performance. I shall resign should I have a physical or mental condition which compromises my professional competence.

neither teach or practice unsafe essential oil administration, such as used in Raindrop Technique®, or Aroma Touch®, or any similar techniques.

remain clear of any limitation or sanction, whether voluntary or involuntary, by a governmental regulatory board or professional organization relating to public health or the specialty of aromatherapy.

remain clear of a conviction or, plea of guilty, or plea of *nolo contendere* to a felony or misdemeanor related to public health or aromatherapy. This includes but is not limited to a felony involving rape, sexual abuse, actual or threatened use of a weapon or violence, and the prohibited sale, distribution or use of a controlled substance

report to AIA, within sixty (60) days, of the occurrence of any inquiry, indictment, or charges pending by or against me before a state or federal regulatory agency, professional organization, or judicial body, directly relating to public health or aromatherapy, or any matter described in any of the above items. I shall notify AIA of any developments related to the matter including, but not limited to, providing documentation of the matter's resolution.

respect and adhere to all AIA Code of Ethics, standards, policies, and procedures.

**AIA Code of Ethics**

As a member of the Alliance of International Aromatherapists, I shall:

conduct myself in a professional and ethical manner, respecting the law at all times.

visibly display a copy of the AIA Code of Ethics for the benefit of employees and the public.

comply with the AIA Code of Conduct.

represent my education and qualifications honestly in advertising and practice and acknowledge the limitations of my skills, as indicated.

recognize that the public has the right to share in decisions pertaining to their healthcare. I shall educate and guide clients toward this goal and actively encourage them to take responsibility for their care and well-being.

refrain from guaranteeing a specific wellness outcome, acknowledging that aromatic extracts support self-healing and that holistic health outcomes are influenced by many factors.

refuse primary responsibility for health care for any client, unless I am licensed or otherwise authorized to provide primary health care.

provide services within the scope and the limits of my training and to refer to appropriate qualified professionals as indicated.

maintain professional confidentiality except when failure to take action could constitute a danger to others.

avoid discrimination against individuals on the basis of race, creed, religion, gender, age and national origin.

appreciate the importance of thoroughness in the performance of duty, compassion with clients, and the significance of the tasks I perform.

provide the highest quality of aromatherapy products available.

I certify that I have read and agree to the AIA Code of Ethics and Code of Conduct (above) and the information and statements made on this form are to the best of my knowledge and belief, true, correct, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_