



# ASSOCIATION OF PROFESSIONAL ASTROLOGERS

PO Box 515  
WATERFORD, Qld 4133  
Australia

## Application for Professional Membership of APA

**This form must be completed by the applicant and the nominator.**

### Applicant

I .....

of (address) .....

apply to become a member of APA Inc. I declare that the information provided by me is accurate and that upon admission as a member I agree to abide by the rules of the Association.

Signed .....

Date .....

### Nominator

I .....

A member of the Association, nominate the above applicant, who is personally known to me, for membership of the Association.

Signed .....

Date .....



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Please tick:  Practitioner  Accredited teacher

1	<b>Name</b>	
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2	<b>Home Address</b>		<b>Postcode</b>
	<b>Phone</b>		

3	<b>Business Address</b>		<b>Postcode</b>
	<b>Business Phone</b>		
	<b>Email</b>		

4	<b>Qualifications</b>	
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5	<b>Profession</b>	
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6	<b>Astrological Training (see required number of training hours)</b>	Please provide details of number of hours of attendance at formal training programs, APA approved workshops, seminars and conferences. Please note that training must be specifically astrological, not just related areas. If in doubt please include a written resume of the content of courses and workshops.	
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Year	Type of Training	Hours



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<b>7</b>	<b>Astrological Supervision</b> Minimum 25 hours individual supervision with a recognised practitioner			
<b>7.1</b>	<b>Before and/or During Training</b>			
<b>Year</b>	<b>Name of Supervisor/s</b>	<b>Type and Frequency</b> Individual/Group incl. number of participants	<b>Exact Hours</b>	
<b>7.2</b>	<b>After Training</b>			
<b>Year</b>	<b>Name of Supervisor/s</b>	<b>Type and Frequency</b> Individual/Group including number of participants	<b>No. clients</b>	<b>Exact Hours</b>
<b>8</b>	<b>General Counselling Education</b> Minimum 30 hours counselling theory completed as part of astrological training or achieved separately from recognised training programme			



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<b>9</b>	<b>Other Comments</b> Any other comments you may wish to make in support of your application

<b>10</b>	<b>Names of Two Referees (Professional Members APA or equivalent )</b>
<b>Name</b>	
<b>Address</b>	
<b>Phone number</b>	
<b>Name</b>	
<b>Address</b>	
<b>Phone number</b>	

<b>11</b>	<b>Letters of Reference &amp; Recommendation &amp; Verifying Documentation</b> Please attach to your application the required letters of reference and recommendation in relation to this accreditation stream and documents verifying your completion of the required education/training courses. (Please include a Statutory Declaration with photocopies of verifying documents.)
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I hereby apply to APA Inc. for accreditation as an astrological practitioner and state that the information supplied by me in my application is true and correct.

<b>Signature</b>	<b>Date</b>
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