



# International Psychics Association

Australian Psychics Association (ABN: 59 274 940 728)  
PO Box 5645, South Windsor NSW 2756, Australia PHONE: +61 2 9368 1177  
EMAIL: IPA-psychicsassociation@outlook.com www.internationalpsychicsassociation.com

## NEW MEMBERSHIP / RENEWAL (INTERNATIONAL)

- To join the International Psychics Association (IPA), one must send in three things:  
1) this completed form, 2) payment and 3) four Statutory Declarations - *see point 3 below*.
- Until such original Statutory Declarations are received a member will be regarded as a Provisional Member of the IPA.
- One Statutory Declaration is to be completed by the applicant stating their details and that they are a professional psychic who is ethical and accurate in their work. The other three Statutory Declarations are to be completed by people who have had a professional reading by the applicant and have been satisfied with their work. Copies may be made, but original forms are required. Blank Statutory Declaration forms can be purchased at newsagents, or acquired free online. These forms are required from new applicants only. [For more information, visit our website: www.internationalpsychicsassociation.com](http://www.internationalpsychicsassociation.com).
- Membership payment for Non-Australian residents:
  - Pay online ([www.internationalpsychicsassociation.com](http://www.internationalpsychicsassociation.com)) – by Visa, Master Card, Amex or PayPal.
  - Send money via PayPal to: IPA-psychicsassociation@outlook.com.

Dear Secretary,

I, ..... (*legal name*) would like to join the *International Psychics Association* and enjoy the benefits and privileges of said membership under the following qualifications:

Please tick applicable boxes

- Professional / New Member or Renewal (Psychic consultant) - A\$100.00 p.a.       A\$260.00 for 3 years
- Additional Postage for Membership Certificate - A\$20.00
- Inclusion in Web Site - Free (value A\$235)      Web: .....
- (Current financial full professional members only.)

MY CURRENT ADDRESS: .....

STATE: ..... POSTCODE: ..... COUNTRY: .....

PHONE: ..... EMAIL: .....

NAME FOR CERTIFICATE: ..... D.O.B (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / 19 \_\_\_\_ (I am over 18 years of age.)

*I understand that my annual membership fee entitles me to one year's full benefits (accreditation, online representation, referrals, etc.) according to my qualification.*

*I have read and understood this agreement and hereby accept all of the IPA Mission, Code of Ethics and Terms & Conditions.*

*I understand and accept that my membership can be terminated at the discretion of the Directors if they consider that my ongoing membership ceases to be in accordance and consistent with the IPA Mission, Code of Ethics, Terms and Conditions and implied conditions. I agree that in such a circumstance the Directors will not be obliged to give reasons for terminating the membership and I indemnify them against any legal or other action in relation thereto.*

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### OFFICE USE

DATE RECEIVED	MEMBERSHIP NO.	QUALIFICATION	PROCESSED BY
/ /			
STATS DECS SENT	STAT DECS (ORIGINAL) RECEIVED	CERTIFICATE SENT	PAYMENT METHOD
/ /	/ /	/ /	

