



Statutory Declaration for Non Practising / Associate Members 2014

TITLE: GENDER: DATE OF BIRTH:/...../.....
FAMILY NAME: GIVEN NAME:
POSTAL ADDRESS:
SUBURB:..... STATE:..... POST CODE:.....
PHONE:..... FAX:..... MOBILE:.....
EMAIL:.....

The information provided in this membership renewal must be verified by Declaration under the *Oaths Act (SA) 1936*. The list of persons who may witness a Statutory Declaration include a **Justice of the Peace, bank manager, building society manager, credit union manager, postmaster, policeman, commissioner for taking affidavits, notary public**. The renewal application will not be processed unless it is **properly witnessed** and includes the full name, address, and qualification of the witness. **Please note that Podiatrists cannot witness Statutory Declarations in South Australia.** I declare, knowing that a person making a false declaration is liable to the penalties of perjury, that:

- (i) I am the person named in this application;
- (ii) I have ceased working as a podiatrist for the period 1 July 2014 to 30 June 2015;
- (iii) I will advise the Association immediately if my status as a non-practising podiatrist changes during the course of the financial year; and
- (iv) the statements made above are true and correct.

Declared at (date)

Name of applicant: Name of witness:

Address: Address:.....

Address: Address:.....

Signature of applicant:..... Signature of witness:

Non Practising / Associate
Retired, Full time faculty,
Podiatry Assistant

Not employed or working as a Podiatrist or in a Podiatry advisory or consultancy role for the **entire** membership period (except those in an academic or faculty role). This includes maternity leave, non-podiatry related employment, or travelling (*confirmed via a statutory declaration*) and the podiatry assistant. *Entitlements:* SA Local benefits only