



ASSOCIATION FOR  
SUPERVISED PASTORAL EDUCATION  
IN AUSTRALIA INC

Incorporation No. A0020756 S  
ABN 19 178 455 994

**MEMBERSHIP COMMITTEE**  
CHAIRPERSON:  
Ms Carol Duthie  
PO Box 2312  
BLACKBURN SOUTH VIC 3130

Email: caroladuthie@gmail.com

Phone: 9276 3138  
*If phoning please leave message with  
your details on above number & I will  
return your call.*

**APPLICATION FOR MEMBERSHIP**

1. TITLE \_\_\_\_\_ 2. NAME \_\_\_\_\_
3. DATE OF APPLICATION \_\_\_\_\_
4. ADDRESS \_\_\_\_\_ P C \_\_\_\_\_
5. PHONE NO. [H] \_\_\_\_\_ [B] \_\_\_\_\_ [M] \_\_\_\_\_
6. E-MAIL \_\_\_\_\_
7. DENOMINATIONAL/RELIGIOUS AFFILIATION \_\_\_\_\_

8. COMPLETED ACCREDITED CPE UNITS OR EQUIVALENT - PLEASE include a certified\* copy of your CPE certificate/s (OR other relevant certification) with your application.

DATE	CENTRE	FULL TIME/EXTENDED/PART-TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. OTHER RELEVANT EXPERIENCE: SPE / CPE; COUNSELLING; PASTORAL CARE COURSES; FIELD EDUCATION etc \_\_\_\_\_

10. PRESENT POSITION \_\_\_\_\_

11. OTHER RELATED WORK EXPERIENCE \_\_\_\_\_

12. HAVE YOU READ THE ELIGIBILITY REQUIREMENTS FOR MEMBERSHIP AS SHOWN OVERLEAF? YES / NO

13. DO YOU AGREE TO ABIDE BY THE ASPEA Inc CONSTITUTION? \_\_\_\_\_

14. NAME, ADDRESS, PHONE Number of SUPERVISOR or OTHER REFEREE \_\_\_\_\_

15. I AM APPLYING FOR FULL / ASSOCIATE MEMBERSHIP [Please circle as appropriate and attach cheque made out to ASPEA Inc,]  
FEES: Full Membership \$90 p.a. /Associate Membership \$60 p.a. Please send all documents with your cheque in mail to Membership Committee – address included at top of this application.

16. UNDER WHICH CLAUSE OF THE BY-LAWS DO YOU SEE YOURSELF ELIGIBLE FOR MEMBERSHIP? \_\_\_\_\_

17. ANY OTHER COMMENTS IN SUPPORT OF YOUR APPLICATION? \_\_\_\_\_

## 18. DEFINITIONS OF MEMBER and ASSOCIATE MEMBER

A **MEMBER of the Association** is a person whose nomination for membership has been approved by the Executive Committee [Const 3.5] as eligible for membership in accordance with By-Law II Section 1, and who has paid the annual membership subscription.

An **ASSOCIATE MEMBER** is a person who is not eligible for full Membership, whose nomination for associate membership has been approved by the Executive, and who has paid the annual associate membership subscription.

- Associate Members may participate in the Annual General Meeting but they do not have the right to vote.
- Associate Members cannot hold Office in the Association. [By-Law III: 2]

## 19. APPLICATIONS accompanied by the requisite FEE plus a certified copy of your CPE certificate/s may be LODGED with the CHAIRPERSON of the MEMBERSHIP COMMITTEE of ASPEA Inc. [as shown overleaf]

### RELEVANT BY LAWS FOR APPLICATION FOR ASPEA MEMBERSHIP

#### BY-LAW II, SECTION 1

Application for membership in the Association will be received from those persons who have satisfactorily completed a minimum of two accredited units of Clinical Pastoral Education conducted in a centre registered with ASPEA Inc., and supervised by an ASPEA Inc. accredited supervisor. Membership in the Association shall include those persons whose application for membership has been approved by the Executive on recommendation by the Membership Committee, and who have paid the annual membership dues as set by the Association.

The Executive may also approve membership of the Association for persons recommended by the Membership Committee who qualify in one of the following categories:

- [a] Those who have satisfactorily completed a minimum of two units of CPE conducted under the auspices of another professional association such as Associations registered with ANZACPE.
- [b] Theological Seminary Professors who are teaching in the areas of Pastoral Care, Pastoral Theology, Pastoral Psychology, Supervised Ministry Field Education.
- [c] Professional persons in related disciplines who are able to make a contribution to S.P.E.

#### BY-LAW II, SECTION 2

Associate Membership in the Association shall include those who have satisfactorily completed one Unit of Clinical Pastoral Education in a Centre registered with A.S.P.E.A. Inc or who have demonstrated an interest in the work of the Association and/or who give evidence of their intent to qualify for membership in any of the categories in By-Law II, Section 1; whose application for Associate Membership has been approved by the Executive and who have paid the annual associate dues as set by the Association.

#### BY-LAW VI, SECTION 3

Members ... shall be entitled to use the letters M.A.S.P.E.A. after their name as a recognition and mark of their professional competence.

#### \* Certification

**Photocopies of documentation must be certified as true copies of the original by one of the following: Full Member of ASPEA Inc, Accountant, Justice of the Peace, Pharmacist, Psychotherapist, Police officer, ASPEA Inc Supervisor (Acting or Accredited), Medical Practitioner, Ministers of Religion and Civil Celebrant. Each photocopied page should be marked 'certified as a true copy of the original' and include a signature and printed name of the certifying officer, as listed above. The certifying officer must not be a family member or spouse.**