**New Membership Application Form – Associate Member**

**(Non Practising Member)**

Please complete this form and return it to: [debbierothwell1@hotmail.co.uk](mailto:debbierothwell1@hotmail.co.uk) or Debbie Rothwell, 23 Northfield, Girton, Cambridge, CB3 0QG. If you wish to pay by BACs, our bank details are:

Sort code: 08-92-99 Account number: 65537194

Please use your surname as reference.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Telephone |  | Mobile |  |
| Email |  | Website |  |

**Membership:**

|  |  |  |
| --- | --- | --- |
| Associate Member (non practising Biodynamic Massage trained therapist) | £27.50 pa\* |  |
| I enclose a copy of my Certificate in Biodynamic Massage |  |  |
| I am a new / returning Member (delete as appropriate) |  |  |
| If a returning Member please state when your membership expired: |  |  |

**By signing this form:**

**I confirm that I am not currently practicing as a biodynamic massage therapist and that if I start practicing as a biodynamic massage therapist I will abide by the Code of Ethics, Supervision Policy and Continuous Professional Development (CPD Policy), that require me to have a supervisor and be insured. I have also read and understand the Data Protection Policy.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please refer to the short rate table below for the fee if you are joining after 31 December.

Short Rate Period Table for New Members

The Association has a common renewal period of 1 October. The following rates apply to new members who join 3 months or more after this date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Oct-Dec | Jan- Mar | Apr-Jun | Jul- Sep |
| Full Member | £55.00 | £42.00 | £28.00 | £14.00 |
| Associate Member | £27.50 | £21.00 | £14.00 | £7.00 |