**New Membership Application Form – Full (Practising Member)**

Please complete this form and return it to: [yvonnelentge@hotmail.co.uk](mailto:yvonnelentge@hotmail.co.uk) or Yvonne Lentge, 5a Rossdale, Sutton, Surrey, SM1 4JU with your **Massage Certificate, cheque and insurance certificate.** 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:**

|  |  |  |
| --- | --- | --- |
| Full Member (practising member) | £55.00 pa\* |  |

**Supervision Arrangements**

|  |  |
| --- | --- |
| Supervisor’s Name: |  |
| Supervisor’s Training/Orientation: |  |

**Professional Indemnity Insurance:**

|  |  |
| --- | --- |
| I wish to take out insurance through the Association, please send me the appropriate form to complete. |  |
| I am insured with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and attach a copy of my insurance certificate. |  |

**BY SIGNING THIS FORM I AM AGREEING THAT SHOULD MY MEMBERSHIP APPLICATION BE ACCEPTED I WILL ABIDE BY THE CODE OF ETHICS, COMPLAINTS PROCEDURE, SUPERVISION POLICY, DATA PROTECTION POLICY AND CONTINUOUS PROFESSION DEVELOPMENT (CPD) POLICY, WHICH I HAVE READ.**

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 |
| Assoc/AffiliatedMember | £27.50 | £21.00 | £14.00 | £7.00 |

**ABMT Register of Practitioners**

**Full Member**

The ABMT Register is open to Full Members who are insured, supervised and comply with Associations CPD regulations and Code of Ethics. The Register appears on the ABMT website (<http://www.abmt.org.uk>) where it is available to members of the public.

**Please provide the following information for your listing on the website:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Your Name:** |  | | | | | |
| **Region** | **South East** | **South West** | **London** | **East of England** | **Midlands & North** | **Other** |
| **Practice Location:** |  | | | | | |
| **Postcode (full or partial)** |  | | | | | |
| **Telephone:** |  | | | | | |
| **Email:** |  | | | | | |
| **Website:** |  | | | | | |
| **Address:** |  | | | | | |