

ANNUAL RENEWAL APPLICATION FOR MEMBERSHIP



I wish to renew my annual membership of the Acupuncture-Acuthery Council from

Name _____

Please insert your details if different from your previous renewal

Address _____

Telephone _____ Mobile _____

E-mail _____ Website _____

List any additional your qualifications you have acquired and enclose copies of your certificates/diplomas of the therapies that you wish to register.

Therapy	Level	Name of College or School	Date Qualified

If you are still a student in training doing acupuncture or other therapy case studies approved by your training college please list these therapies **please insert details below**.

Therapy	Level	Name of College or School	Date when the course began

Please complete:

Insurance Company Name	
Valid Policy number	
Date of your insurance	

Enclose or attach a copy of your current insurance certificate

I will inform you in writing of any changes in my mailing and /or practice addresses or telephone numbers

Declaration

I confirm that I have read and agree to observe AcuC's Code of Ethics, Rules and Regulations and a Code of Professional Conduct and safe practice.

As an Acupuncturist I will also agree to abide by all government regulation, register with the local health authority and comply with all its regulations especially those relating to safe practice and hygiene.

Signature

Date:

Please complete this application form and submit online or by post **54 Flecker's Drive, Hatherley, Cheltenham, GL51 3BD**

You can email a copy of your qualifications as a PDF or send them in the post.

You will be quickly notified of your acceptance and membership will start on receipt of the annual membership fee of £45.

Payment can be made by cheque made out to "Bodyharmonics" or with an online PayPal payment.
www.acupuncture-acutheraPy.co.uk/