

**PLEASE COMPLETE BOTH SIDES OF THIS FORM UNLESS YOU ARE NEWLY QUALIFIED IN WHICH CASE ONLY PAGE 1 IS REQUIRED**



**AAPA NEW MEMBER APPLICATION FORM 2010 -2011**

TITLE	MR MISS MRS MISS (PLEASE CIRCLE)	DATE OF BIRTH	
FIRST NAME		TEL NO HOME	
SURNAME		MOBILE	
ADDRESS		TEL NO BUSINESS	
		EMAIL	
TOWN/CITY		WEBSITE	
COUNTY		BUSINESS ADDRESS 1	
POSTCODE/ COUNTRY		BUSINESS ADDRESS 2	

YOUR QUALIFICATIONS	DATE	COLLEGE NAME OR AWARDING BODY

**On-line Database:** *I agree OR I do not agree* to having my name, number, therapies practised and area on the AAPA Online Directory (CIRCLE AS APPROPRIATE)  
**Circle as appropriate**  
*If you do not sign we will not put you on the Directory*  
 Signed: .....Date:.....

**Your speciality practice areas (if any):**  
*i.e. cancer care, pregnancy, mental health etc.*

**CPD: NOT FOR NEWLY QUALIFIED THERAPISTS** *I have completed .....hours of CPD in the last 12 months. (Please complete the details on Page 2)*

PROFESSIONAL THERAPY INSURANCE  
**Are you insured YES / NO (circle)**  
**If yes attach copy of insurance certificate**  
**IF NO WE WILL SEND A PROPOSAL FORM**  
 RETURN TO: The AAPA  
 PO Box 36248  
 London SE19 3YD  
 TEL: 0208 653 9152

**PLEASE COMPLETE THIS SECTION**

Subscription for 2010-11 (To 30th September 2011)	<b>£50.00</b>
EXTRA AAPA Logo Badge @ £3.00	_____
Add AAPA leaflets @ £8.50 FOR 50	_____
Amount Paid	_____

**Cheques to be made payable to the AAPA**