

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:
Circle as appropriate
If you do not sign we will not put you on the Directory

I agree OR I do not agree to having my name, number, therapies practised and area on the AAPA Online Directory (CIRCLE AS APPROPRIATE)

Signed:Date:.....

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

CPD: NOT FOR NEWLY QUALIFIED THERAPISTS **I have completedhours 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)	£50.00	_____
EXTRA AAPA Logo Badge @ £3.00		_____
Add AAPA leaflets @ £8.50 FOR 50		_____
Amount Paid		_____

Cheques to be made payable to the AAPA