



Membership Application		<i>Please complete ALL sections; it will make things easier for us!</i>	
Are you a NEW member? (delete)	YES / NO	If NO, what is your current membership ID?	
<i>Please tick below which category you are applying for:</i>			
Graduate (full) Member; 12 months £300* (Jan start):	<input type="checkbox"/>	6 months £150* (June/July start):	<input type="checkbox"/>
Graduate Allied Health Professional; 12 months £60 (Jan start):	<input type="checkbox"/>	6 months £30 (June/July start):	<input type="checkbox"/>
Associate Member; 12 months £50:	<input type="checkbox"/>	Affiliate Member; 12 months £50:	<input type="checkbox"/>
	<input type="checkbox"/>	Student Member (Oct start); Up to 36 months £45:	<input type="checkbox"/>
	<input type="checkbox"/>	Non-Practising Member; 12 months £50:	<input type="checkbox"/>
<i>*Includes malpractice and public liability insurance. January joining window is for 12 months only.</i>			

Personal Details (for correspondence)		<i>Please complete in dark ink and in BLOCK CAPITALS</i>	
First/Given name:		Surname/Family name:	
Address 1:		Address 2:	
Postal town:		County:	
Postal/Zip Code:		Country of residence:	
Phone:		Email:	
Institution:		Year of graduation / to graduate:	

Office use only	
Join date:	
Membership ID:	
Category:	
Pay method:	

Check list	<i>Please read this carefully to ensure you have completed all relevant sections and included the relevant documents, omissions may delay your application. Please tick those boxes that are relevant.</i>
Graduate members include copies of degree certificate and 1-day First Aid (please tick) Allied Health Professionals to also include proof of additional membership.	<input type="checkbox"/>
Any member requiring liability insurance for acupuncture to indicate what percentage of workload it constitutes (this may affect your insurance, so please be accurate)	<input type="checkbox"/>
Student members who want insurance for massage must include proof of passing a massage module and contact BASRaT directly as you are liable for an additional fee for insurance cover.	<input type="checkbox"/>

Declaration	<i>Please read this carefully before signing and ensure you have completed all relevant sections, omissions may delay your application.</i>
<i>By signing you agree that if your membership application is successful you will comply with the BASRaT Constitution, Code of Ethics and all relevant regulations. If your membership includes malpractice insurance you are declaring that no claim has been made against your membership and that to the best of your knowledge there are no circumstances that may give rise to a claim for public liability insurance.</i>	
Your signature:	Date: