



<b>Membership Application</b>		<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 £313* (1 <sup>st</sup> Feb start):	<input type="checkbox"/>	6 months £156* (1 <sup>st</sup> Aug start):	<input type="checkbox"/>
Graduate Allied Health Professional; 12 months £60 (1 <sup>st</sup> Feb start):	<input type="checkbox"/>	6 months £30 (1 <sup>st</sup> Aug start):	<input type="checkbox"/>
Associate Member; 12 months £50:	<input type="checkbox"/>	6 months £25 (1 <sup>st</sup> Aug start)	<input type="checkbox"/>
Non-Practicing Member: 12 months £50:	<input type="checkbox"/>	6 months £25 (1 <sup>st</sup> Aug start)	<input type="checkbox"/>
Student Member: (Applications accepted throughout the year)			<input type="checkbox"/>
<i>*Includes malpractice and public liability insurance. January joining window is for 12 months only.</i>			

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

<b>Office use only</b>			
Join date:	<input type="text"/>	Category:	<input type="text"/>
Membership ID:	<input type="text"/>	Pay method:	<input type="text"/>

<b>Check list</b>	<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>		
<p>Graduate members include copies of:</p> <ul style="list-style-type: none"> <li>- Degree certificate</li> <li>- 1-day Emergency First Aid (6 hours, taught in person, including CPR) - <b>First time registrants</b> must have an approved trauma qualification (e.g. RFU Pre-Hospital Immediate Care in Sport Level 2).</li> <li>- Photo Identification (Driving License / Passport)</li> <li>- Declaration form</li> </ul> <p>Allied Health Professionals to also include proof of additional membership. Please see application guide for further details</p> <p>Any member requiring liability insurance for <b>acupuncture</b> to indicate what percentage of workload it constitutes (this may affect your insurance, so please be accurate)</p> <p><b>Student members</b> who want insurance for massage <b>must</b> include <b>1<sup>st</sup> year transcript/results</b> (proof of passing a massage module) and <b>Photo ID</b> (Driving License / Passport). Please contact BASRaT directly as you are liable for an additional fee for insurance cover.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Declaration</b>	<i>Please read this carefully before signing and ensure you have completed all relevant sections, omissions may delay your application.</i>		
<p>By signing this declaration, if your membership application is successful you agree to the terms and conditions stated within the available document (please request and read before signing), you will comply with the BASRaT Constitution, Code of Ethics and all relevant regulations.</p> <p>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.</p>			
Your signature:	<input type="text"/>	Date:	<input type="text"/>