

<b>Membership Application</b>		<i>Please complete ALL sections; this will speed up the process.</i>	
Are you a current member?	YES / NO	If YES, what is your membership ID?	
<i>Please tick the category you are applying for</i>			
<b>Graduate (full) Member</b> 12 months. £313*. 1 <sup>st</sup> Feb start Applications accepted December / January		<b>6 months.</b> £156*. 31 <sup>st</sup> Aug start Applications accepted June/ July	
<b>Graduate Allied Health Professional.</b> 12 months £60. 1 <sup>st</sup> Feb start		<b>6 months.</b> £30. 31 <sup>st</sup> Aug start	
<b>Associate Member</b> 12 months. £50			
<b>Student Member</b> 36 months. Free. Oct start (Applications accepted throughout the year)			
<b>Non-Practicing Member</b> 12 months. £50			
<i>*Includes malpractice and public liability insurance. January joining window is for 12 months only.</i>			

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

<b>Office use only</b>			
Join date:		Category:	
Membership ID:		Pay method:	

<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 the boxes that are relevant.</i>
<p><b>Graduate members</b> include copies of:</p> <ul style="list-style-type: none"> <li>- <b>Degree certificate</b> (New Graduates must provide a copy of their results transcript whilst waiting for their certificate)</li> <li>- <b>1-day Emergency First Aid</b> (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>- <b>Photo Identification</b> (Driving License / Passport)</li> <li>- <b>Declaration form</b></li> </ul> <p><i>Allied Health Professionals must also include proof of additional membership. Please see application guide for further details</i></p> <p>Any member requiring liability insurance for <b>acupuncture</b> need to indicate what percentage of workload it constitutes (this may affect your insurance, so please be accurate)</p> <p><b>Student members</b> requiring insurance for massage <b>must</b> include 1<sup>st</sup> year transcript/results (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>	

<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><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></p>	
Your signature:	Date: