



# International Federation of Aromatherapists

## **OVERSEAS MEMBERSHIP** **RENEWAL APPLICATION FORM 2007**

*Please ensure you complete the form with care using clear handwriting*

**Mr/Mrs/Miss/Ms:** \_\_\_\_\_ **Name / Surname** \_\_\_\_\_

**Current Membership No:** \_\_\_\_\_

**Business/House name:** \_\_\_\_\_

**Number, Street name:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

If you would like your name, country and telephone number to appear on the IFA website please tick the appropriate box

**YES**  **NO**

### **MEMBERSHIP SUBSCRIPTION FEES:**

OVM Full Membership Overseas £80.00

OVF Friend Membership Overseas £35.00

Please note that all Full Members Overseas are required to have adequate insurance cover and a First Aid Certificate.

**PAYMENT:** Membership runs from 1<sup>st</sup> January 2007 to 31<sup>st</sup> December 2007 - £80.00

I enclose a Cheque/Postal Order No.....for TOTAL amount of £.....

Debit/Credit Card details: Solo  Switch  Visa  Visa Electron  MasterCard

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Card Holder Name.....Valid From.....Expires end.....

Issue No..... Security Code ..... (3 digit number on the back of the card)

Signature..... Date.....

**Please return this form with payment by debit/credit card and fax to 0802 992 7983 or post your cheque to  
The IFA membership office, 61-63 Churchfield Road, London W3 6AY, UK**