



International Federation of Aromatherapists

APPLICATION for MEMBERSHIP (UK) 2008

BLOCK CAPITALS AND CLEAR HANDWRITING PLEASE

Member Number (for existing members - new members are allocated a new number) _____

Mr/Mrs/Miss/Ms: _____ Name / Surname: _____

Business/House name: _____

Number & Street name: _____

County: _____ Post Code: _____ Mobile: _____

Telephone: _____ Email: _____

Inclusion on the List of UK Full Members supplied to the public (please tick the appropriate box below)

YES (Please insert below the town and contact number to appear on our list of members) NO

Town: _____ Contact No: _____

Inclusion on the IFA Website Directory (Please tick the appropriate box below)

I agree to have my name, town, country, telephone number to appear on the IFA Website) YES NO

MEMBERSHIP SUBSCRIPTION FEES: New Members please enclose a copy of your course diploma and IFA exam certificates. Existing Members please attach proof of CPD and valid First Aid certification. It is a condition of membership that all Full Members must hold a current First Aid qualification (Please provide a certificate) *All Full members must undertake 12 hours CPD each year. CPD is not required until 2 years after qualification.

FMW Full Membership UK	£40.00	OVM Overseas Membership	£40.00
Student (IFA course)	£15.00	ASS Associate Membership	£25.00
Carer (attending Carer course)	£17.50	FR Friend Membership (UK & Overseas)	£17.50

I am insuring with the IFA

YES NO
Please fill in the IFA/Hayes Parson insurance forms Please supply proof of your professional insurance

Please complete the details below and if paying by card, fax this form to 020 8840 9288. If paying by crossed cheque you can post this form with your cheque to The IFA Unit 7B Walpole Court, Ealing, London W5 5ED UK. Or you can renew over the phone 020 8567 2243 during office hours Mon-Fri 09.30-17.15.

PAYMENT: for IFA Membership from 1st July 2008 to 31st December 2008

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

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

Card No:

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

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

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