



# Membership Application Form

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

SURNAME ..... FORENAMES .....

MEDICAL QUALIFICATION .....

CURRENT PROFESSIONAL POST .....

MALE / FEMALE ..... DATE OF BIRTH .....

CATEGORY OF MEMBERSHIP FOR WHICH YOU ARE APPLYING (Please tick)

MEMBER

DENTAL

VET

AFFILIATE

OVERSEAS

\*Affiliate membership is available to students attending Medical School in the United Kingdom or Republic of Ireland.

MAILING ADDRESS: (This will appear in the published member's list)

.....  
.....  
..... POSTCODE .....

Tel No ..... Fax No ..... E-Mail .....

Would you like your details to be on Find a Practitioner on the website YES / NO

(6 hours of acupuncture related CPD required annually)

From time to time, the Society send information on courses and meeting by e-mail if you have agreed to receive material in this form. The Society will never sell or make available your e-mail address to anyone or any organisation.

I agree / do not agree (please delete as necessary) to the BMAS sending me training course and other relevant information by e-mail.

OTHER ADDRESS: (A home, surgery or hospital address different from the above for office reference only)

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.....  
..... POSTCODE .....

Tel No ..... Fax No ..... E-Mail .....

TRAINING DETAILS: (Please give details of relevant training courses attended and the dates.  
Please continue on a separate sheet if required).

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**YOUR REGULATORY BODY**

I declare that I am registered with the following statutory regulatory body: .....

.....  
.....

(Please print the name of the body you are registered with)

My Registration Number is ..... Signed .....

Date .....

You can pay for your first membership fee by Visa, Mastercard, bank transfer or cheque. If you wish future payments to be taken by direct debit, please complete the Direct Debit form.

Visa / Mastercard (Please circle which card you would like to use)

Card Number ..... Expiry Date .....

Security Code .....

Signed .....

Please print name .....

Date .....

Post the forms to the address shown below or fax to the number shown.  
British Medical Acupuncture Society,  
BMAS House, 3 Winnington Court, Northwich, CW8 1AQ.  
Tel No 01606 786782, Fax No 01606 786783