

Application for CSS Membership Renewal



Personal and Professional Information
Please complete exactly as you would like your details to appear in the register and other documentation and indicate any changes from last year

Title Surname..... Forenames.....

Address

Town County..... Postcode.....

Country..... Telephone (best contact number for clients).....

E-mail WWW.

Subscriptions run yearly from 1 April to 31 March

Select level of membership:

- | | | |
|------------------------|--------------------------|--------------------------|
| Qualified £120 | <input type="checkbox"/> | <input type="checkbox"/> |
| Network £100 | <input type="checkbox"/> | <input type="checkbox"/> |
| TFS Student £50 | <input type="checkbox"/> | <input type="checkbox"/> |
| Associate £50 | <input type="checkbox"/> | <input type="checkbox"/> |

Network Members: Please give your core qualification (e.g. chiropractic, massage, midwifery, osteopathy etc.,) date qualified, any other professional memberships.

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Network / Student / Associate Membership: scan & email / send this signed form & arrange payment.

Upgrading to Qualified membership? Please also send:

- This form completed and signed with payment method
- A copy of your current certificate of malpractice and professional indemnity insurance
- A copy of your UII Techniques or Diplomate Certificate
- I completed the Advanced I CranioSacral Therapy workshop at
(location & date)

Declaration

To the best of my knowledge this information is true and correct, and on the basis of it I apply for membership of the Cranio Sacral Society.

I accept and will abide by the society's rules and code of ethics.

Signed

Date

Qualified Renewing Members:

Please detail Continued Professional Development (CPD) in last 12 months (24 hours required) continue on back if necessary

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