

# BIORESONANCE THERAPY



## BIORESONANCE THERAPY ASSOCIATION MEMBERSHIP APPLICATION FORM

TITLE: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I WOULD LIKE THE FOLLOWING MEMBERSHIP:

**FULL PRACTITIONERS MEMBERSHIP £38.00 PER ANNUM**

(full membership requires practitioners who have qualified in all 3 levels of training)

**STUDENT MEMBERSHIP £21.00 PER ANNUM**

(student membership requires students who are in the process of training in any level)

**AFFILIATE MEMBERSHIP £24.00 PER ANNUM**

(other complementary medicine practitioners who are interested in bodymind medicine)

PAYMENT DETAILS:

CREDIT / DEBIT CARD NO: \_\_\_\_\_

START DATE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ SECURITY NO: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_