IETA – UK & IRELAND MEMBERSHIP APPLICATION FORM FOR NEW MEMBERS / RENEWALS / UPGRADES

Please complete all sections of the form in **BLACK INK** and in **CAPITALS**

1. Your Details

Full name: _____

Address: _____

_____

Postcode: _____ Email address: _____

Tel number: _____ Mobile number: _____

2. Which of the Equine Touch Foundation modalities are you studying / a practitioner? (insert initials as applicable):

S – Student D - Diploma status practitioner P - Practitioner

Equine Touch – S / D / P ☐

VHT - S / D / P ☐

Canine Touch – S / P ☐

3. Please tick which membership type you are applying for/renewing: * * delete as applicable

Practitioner - £50 per annum ☐

Diploma - £30 per annum ☐

Student - £30 per annum ☐

Associate - £20 per annum (for supporters or non-UK based students) ☐

Upgrade to Practitioner - £20 at any point in the year ☐

4. I am currently on Practitioner Route for ET / VHT / CT (*insert initials in box or circle modality*) ☐

5. I enclose cheque payment for £ _____ Please tick if you require a receipt ☐

6. Payment by Standing Order Mandate – form attached/already submitted* * delete as applicable ☐

7. For Practitioner renewals only:
Please send a current valid insurance certificate plus evidence of OPD/CPD* undertaken. From January 2014 the requirement is minimum 1 OPD/CPD day** each membership year to be completed prior to renewal ☐

** Terms and conditions apply* *** VHT requirement - 2 days*

8. Date form sent: _____

9. Completed form with a cheque made payable to **IETA-UK and Ireland** should be returned to:
IETA-UK and Ireland Memberships, c/o 106 Ballyregan Road, Craigantlet, Holywood, BT18 9RP

New membership runs for 12 months ***from month of application.***

Data Protection Act: we will hold your information for sole use in operating IETA-UK & Ireland. No information will be passed to third parties.

Office use only

Mb no.: _____
Folio no.: _____
Date paid: _____
Card issued: _____
Renewal date: _____
Renewal notice sent: _____

Practitioners only
Ins. Cert. no.: _____
Ins. Expiry date: _____
OPD provided: _____

Liz Coates, IETA-UK and Ireland Memberships, 106 Ballyregan Road, Craigantlet, Holywood, BT18 9RP
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