

BCMA Bodywork Registered Affiliate Renewal Form

**Please complete in block capitals with a black pen**

Past BCMA Member Association – **Association of Physical & Natural Therapists**

Practitioner Name………………………………………… Membership no. ………...

(**As you would like it to appear on the certificate**) **(BCMA reg. number if known)**

Address …………………………………………………………………………………

Town……………………………………….. County …………………………………

Postcode …………………………………… Email…………………………………..

Telephone Number ………………………… Mobile …………………………………

Website …………………………………………………………………………………

The details above may be used for referral purposes by the BCMA -

On the BCMA Website **Yes No**

**(Please circle your preference - your details will include County, Town, and contact info from above)**

Signed……………………………………... Date……………………………………..

(Practitioner)

I confirm I was a member of the Association of Physical & Natural Therapists and have insurance cover (enclosed) for the following therapies –

…………………………………………………………………………………………..

…………………………………………………………………………………………..

If you require details of BCMA discounted insurers, please contact the office. **Please note that a copy of current insurance should be included with this form. Please send a copy of your CPD Activity Form for last year.**

I enclose the fee of £70 or I have paid the fee via bank transfer on (date)

Please Include your insurance details and the fee to - BRITISH COMPLEMENTARY MEDICINE ASSOCIATION, 27 OLD GLOUCESTER STREET, LONDON, WC1N 3AX or preferably pay via bank transfer and email this form to office@bcma.co.uk include your name as the payment reference. Bank Details - Account Name: British Complementary Medicine Association

Barclays Bank plc Sort Code: 20-69-17

Portman Square Group

London. W1A 3AL Account No: 50689335