

The British Association of Accredited Ayurvedic Practitioners (BAAAP)

5, Blenheim Road, North Harrow, Middx HA2 7AQ
Tel: 020-7724-7118 / 07712148832, E:info@britayur-practitioners.com

Application Form for Membership

1. Personal Details

Name Date of Birth.....

Current Address:

Tel:

Mob:

Email:

I am applying to become a new member / I am already a member and am applying for renewal of my membership (Membership No.). *For renewal complete only sections 1, 5 & 6.*

2. Qualifications:

Degree

College / University

Year of Graduation

3. Clinical Experience:

4. Evidence of Proficiency in English (e.g. Degree from UK Uni):

5. Evidence of Continuing Professional Development:

6. Evidence of Health & Fitness to practice:

7. Special Interests related to Ayurveda:

I enclose a payment (*cheques payable to BAAAP*) of £..... for one year for Full / Associate / Therapist / Student Friend of BAAAP membership (delete as appropriate).

Declaration: : I declare that I have no criminal record in this or in any other country and that all information provided here is true to the best of my knowledge. I have read BAAAP's Code of Ethics and undertake to abide by it. As a member, I am also responsible to inform the Association of any change in my circumstances at any time in the future.

Signature of Applicant

Date:

For Office Use:

Date Application Received:

Date Certificate of Membership Dispatched:

Received by:

Date of Renewal: