



Membership Application/ Renewal Form

Surname: First Name:
Email Address:
(this is the email we will use to contact you)

Practice 1

Address:
.....
Telephone Number:
Email Address:
(this is the email made available to the public to contact you)

Website:

Practice 2

Address:
.....
Telephone Number:
Email Address:
(this is the email made available to the public to contact you)

Website:

Practice 3

Address:
.....
Telephone Number:
Email Address:
(this is the email made available to the public to contact you)

Website:

Correspondence address: (if different from Practice 1 details)

Address:
.....
.....

- I wish to renew my membership for the year 2016/2017 and enclose a cheque for my annual subscription fee of £50/€60: Yes/No
- I would like to pay £50/€60 by bank transfer: Yes/No
- I am practicing as an 'Osteopath': Yes/No
- If no, please state what title you use:
- I am happy to appear on the ICO online searchable register: Yes/No

Please send the completed form to:

The Institute of Classical Osteopathy, New Street Clinic, 20 New Street, Horsham, RH13 5DU