

**SWALE FORUM OF HOLISTIC PRACTITIONERS**  
**MEMBERSHIP/MEMBERSHIP RENEWAL FORM**

**I would like to join/ renew my membership with Swale Forum of Holistic Practitioners and enclose fee of £24.00**

*(please complete, sign and return this form with your cheque payable to SFHP to the Membership Secretary; Ms P Davey, 6 Preston Malthouse, St Johns Road, Faversham ME13 8EZ)*

**Name:**

**Tel No:**

\*I confirm that I am a member of.....  
(Membership number/s:.....  
which is the representative organisation/regulating body/association for the therapy/ies I practice.

\*I confirm that I have applicable insurance with:.....  
(Name of insurance company/s). Policy Number/s: .....  
(please continue overleaf if necessary)

\*I undertake to maintain the above memberships and insurances throughout my membership of SFHP

**\*REFERS TO PRACTITIONER MEMBERS ONLY**

**Categories of Membership** *(Please tick appropriate box)*

**\*Practitioner Membership:** Members either living or working in Swale and surrounding areas who also hold an appropriate qualification and professional indemnity, products liability (if applicable) and public liability insurance.

**Student Membership:** Open to those currently studying for a relevant professional qualification.

**Associate Membership:** Open to non-practising members wishing to participate in SFHP activities.

New Members to complete Sections A-C BUT It is not necessary when renewing membership - unless you wish to add/amend qualifications/detail

**Section A**

Title	First Name	Last Name
Practice Name		
Address		
Town	County	Post Code
Phone	Fax	Email

**Section B (i) Professional Qualifications**

Qualification	Place of Study	Awarding Body	Training Period	Date Qualified
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**Section C (ii) Current Course/s of Study**

Qualification	Place of Study	Awarding Body	Training Period	Completion Date
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**SIGNED:**

**DATE:**