

APPLICATION FOR MEMBERSHIP

Section 1 - Personal details

Please	e complete the following areas:	
1.	Name	
1.	Home Address	
		Post Code
	Home Telephone	
1.	Work Address	
		Post Code
	Work Telephone	
1.	Mobile Telephone	
4	Email	

Section 2 – Membership level and profession

Note: To apply for Full membership you must be registered with the Council for Anthroposophic Health and Social Care (CAHSC) and/or Health Professions Council (HPC).

1.	Choose the level of men	nbership for	which	you are applying	g:	
	_ Full member C	AHSC and/o	or HPC	registration nui	mber	
	_ Associate member					
	_ Student member Training you atte	end				
	Intended date of	graduation _.				
1.	What is your Anthroposo	ophic Therap	eutic A	Arts profession?	(please tick)
	_ Visual Arts _	Speech		_ Singing	_	Music
Soction	on 3 – Sharing your info	rmation				
Due to	Due to data protection laws please answer the following questions:					
1.	Do you wish to share yo each category)	ur telephone	numb	er(s) with other	s? (circle at l	east one for
	Other members	: Home		Work	Mobile	No
	The Public:	Home		Work	Mobile	No
1.	Do you wish to share yo	ur email add	lress w	ith others?		
	Other members	: Yes	No	(circle one)		
	The Public:	Yes	No	(circle one)		
1.	Do you wish to share yo	ur address v	vith oth	ers? (circle at l	east one for	each category)
	Other members	: Home		Work	No	
	The Public:	Home		Work	No	
1.	May we disclose your de	etails to the <i>i</i>	Anthrop	oosophic Health	and Social (Care
	Movement (AHaSC)?	Yes		•		

1.	1. By preference we will, where possible, send out information by email – is this				nail – is this		
	accep	table? ¹	Yes	No	(circle	one)	
<u>Sectio</u>	<u>n 4 – Ir</u>	nclusion on AATA w	<u>ebsite</u>				
**	* For Fι	ıll membership applica	ants ONLY. Othe	er appli	icants pl	ease g	o to Section 5. **
for its i	membe	bsite serves as the pursice of the public to accept the public to accept the application of the application	ccess details of				
1.	Do you	u wish to be listed on	the public pages	?	Yes	No	(circle one)
	If yes,	please provide the fo	llowing informati	on, leg	ibly by h	and or	typed on separate
	paper:		J	, 3	, ,		,
	•	Information about yo	our practice and	special	lties in n	o more	than 50 words.
	•	Charges in GB pou	ınds				
		Single session	on		Group se	ession _	
		Supervision					
	•	Length of session					
		Single session	on	C	Group se	ession	
		5 g 5				_	
		Supervision _.					
	•	Clients can contac	t vou by:				
			t you by.				
		_ Telephone	e _ Em	ail			
	•	Your web address:					

This minimises cost and ensures that members can get unscheduled updates, as it is not possible to send out by post everything that is sent by email.

Section 5 - Declaration

- 1. I confirm that the information I have provided on this application is true and accurate.
- 2. I confirm that I understand I am entering into an associative contract subject to dues and responsibilities.
- 3. I understand that it is my responsibility to send any changes in the above details to the association secretary.
- 4. I understand should my application be successful I am subject to an annual subscription fee.

Providing false information on this application is liable to result in exclusion from the association.

Signature	Data
Sionalure	Date
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Please send your completed application to

Pia Poulsen
AATA Treasurer
3 Melbourne Terrace
Lower Spillmans
Stroud
Glos. GL5 3RL