The British Association of Accredited Ayurvedic Practitioners (BAAAP)

5, Blenheim Road, North Harrow, Middx HA2 7AQ Tel: 020-7724-7118/8427-3342, E:info@britayurpractitioners.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:		
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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 (<i>cheques payable to BAAAP</i>) of £80 for one year for Full / Associate / Student /Therapist/ Friend of BAAAP membership (delete as appropriate).		
Declaration: I declare that I have no criminal record in this or any other country.		
Signature of Applicant		Date:
For Office Use:		Beerland.
Date Application Received: Date Certificate of Membership Dispatched:		Received by: Date of Renewal: