

# ANP

## Association of Naturopathic Practitioners

### Membership Application

First name: \_\_\_\_\_ Title: Mrs./Ms/Mr./other: \_\_\_\_\_  
Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Mobile: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
Post Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Practice Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Web Site: \_\_\_\_\_  
Post Code: \_\_\_\_\_

I am applying for (please tick appropriate box):

Ordinary Membership\*: £130.00  Honorary Membership: £ 0   
Naturopathic Student Membership: £ 30.00  Friends of the ANP:  
I wish to donate £.....   
to promote the interests of the ANP

Please send me \_\_\_ ANP promotional leaflets (100 cost £10.00) I enclose a cheque for £\_\_\_\_\_

Please list the school or college where you qualified (or are training) and discipline(s):

College	Date qualified	Discipline
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership of other professional bodies: \_\_\_\_\_

Therapies/diagnostic you practise (Maximum 5/5): \_\_\_\_\_

I wish to take part in the ANP Client Referral Scheme: YES:  NO:

I wish to take advantage of the ANP's insurance scheme:

Ordinary member:  Student member:

Applicants preferring to use another insurance party must provide a copy of the valid and current insurance certificate. It is a requirement of ordinary membership that you carry adequate Professional Indemnity Insurance.

I confirm that the above information is true and correct and authorise the ANP to make the necessary reference checks in connection with this application. I have read and understood the ANP Code of Conduct and Etiquette and agree to abide by the code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*MANP - ordinary member applicants please provide in support of the application: CV, Copy of certificates, insurance, 2x professional references, and cheque.