

APPLICATION FORM FOR MEMBERSHIP OF THE ASSOCIATION OF OSTEOMYOLOGISTS

TITLE	SURNAME	FORENAME	D.O.B.
ADDRESS			
POSTCODE			
TELEPHONE		MOBILE	
E-MAIL			
COLLEGES / SCHOOLS		DATE QUALIFIED	
THERAPIES			POST NOMINALS
PRACTICE ADDRESS (IF DIFFERENT FROM ABOVE)			TELEPHONE NUMBER
PREVIOUS / CURRENT INSURANCE COMPANY			YEARS IN PRACTICE
<p>I AFFIRM THAT I AM IN GOOD PHYSICAL AND MENTAL HEALTH AND DO NOT HAVE A CRIMINAL RECORD OR HAVE BEEN EXCLUDED FROM ANY PROFESSIONAL REGISTER</p> <p>SIGNATURE.....DATE.....</p> <p>AS A MEMBER OF THE ASSOCIATION OF OSTEOMYOLOGISTS I AGREE TO COMPLETE MANDATORY CPD AS REQUIRED AND UNDERSTAND THAT THIS IS A CONDITION OF MEMBERSHIP</p> <p>SIGNATURE.....DATE.....</p> <p>I CONFIRM THERE ARE NO PAST OR OUTSTANDING ACTIONS / CLAIMS AGAINST ME THAT I HAVE NOT REPORTED TO THE ASSOCIATION AND THAT I HAVE NEVER HAD AN APPLICATION FOR INSURANCE DECLINED. I ALSO CONFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE</p> <p>SIGNATURE.....DATE.....</p>			
<p>MEMBERSHIP FEE:- FOUR HUNDRED AND THIRTY POUNDS {430.00} (THIS INCLUDES ONE ANNUAL CPD SEMINAR)</p> <p>CHEQUES MADE PAYABLE TO "THE ASSOCIATION OF OSTEOMYOLOGISTS" / CREDIT CARDS ACCEPTED [PLEASE CALL 01255 214305]</p>			
<p>SCANS OF QUALIFICATIONS AND CURRENT INSURANCE MUST BE SENT WITH APPLICATION FORM.</p> <p>E-MAIL YOUR APPLICATION FORM TO:- chairman@osteomyology.co.uk</p>			