

APPLICATION FORM

TITLE	SURNAME	FORENAME	D.O.B.
ADDRESS			POSTCODE
TELEPHONE	MOBILE	FAX	E-MAIL
COLLEGES/SCHOOLS			DATE QUALIFIED
THERAPIES			POST NOMINALS
PRACTICE ADDRESS [IF DIFFERENT FROM ABOVE]			TELEPHONE NO
PREVIOUS / CURRENT INSURANCE ASSOCIATION			PRACTICE YEARS

BEING THE SIGNATORY OF THIS APPLICATION, 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

SIGNATURE.....DATE.....

AS A MEMBER OF THE ASSOCIATION OF OSTEOMYOLOGIST I AGREED TO COMPLETE MANDATORY CPD AS REQUIRED AND UNDERSTAND THAT THIS IS A CONDITION OF MEMBERSHIP

SIGNATURE.....DATE.....

I CONFIRM THERE ARE NO PAST OR OUTSTANDING ACTIONS/CLAIMS AGAINST ME AND I HAVE NEVER HAD AN APPLICATION FOR INSURANCE DECLINED. I AFFIRM THAT ALL THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE.....DATE.....

MEMBERSHIP FEE THREE HUNDRED AND NINETY FIVE POUNDS [395.00] INCLUDES ONE CPD / DIPLOMA AND BADGE/P & P CHEQUES MADE PAYABLE TO TAO / CREDIT CARDS ACCEPTED [PLEASE CALL – 0208 504 1462]

PHOTOCOPIES OF QUALIFICATIONS AND CURRENT INSURANCE MUST BE SENT WITH APPLICATION FORM. POST YOUR APPLICATION FORM TO:- **80 GREENSTEAD AVENUE, WOODFORD GREEN, ESSEX. IG8 7ER**