Membership and Renewal Form

FOR ALL APPLICANTS

If this is a renewal, please give existing NAMMT Membership Number:

Title: Mr Mrs Miss Ms Dr Name:

Address:

Postcode:

Telephone: Date of Birth:

Is so, please print email address:

By completing the membership form, you agree to our use of your data for membership purposes (in accordance with GDPR May 2018)

Do you agree for your data to be used to contact you regarding newsletters and other relevant information? (this information will **not** be passed to any third parties unless permission is expressly given)

Yes/No

FOR FULL MEMBER APPLICATION AND RENEWALS

Do you work in Clinic / Mobile / /Home / Other

Which, if any, other professional body do you belong to:

Would you be happy for us to include your professional details on our website and in the Directory? **Y / N**

If YES please provide below professional details to be published

a) Your Name:

b) Your Clinic Name (if different):

c) Full Address:

d) Postcode:

e) Telephone Number:

f) Therapy Provided (please circle as relevant)

REMEDIAL MASSAGE **MANIPULATIVE THERAPY** **SPORTS THERAPY**

g) Other Therapies Qualified In:

h) Website address (if any):

i) Are you a member of the CNHC – **Yes / No**

How many hours CPD (Continuing Professional Development) claimed in the last year?:

(not relevant to students/new members in their first year of practice)

Membership of NAMMT requires that all Full Members complete 20 hours CPD (12hrs formal and 8hrs informal) a random selection of 10% of the Membership will be asked to supply evidence of CPD annually.

Please check the website regularly for up to date information.

NEW MEMBERS ONLY

Please give brief details of Massage/Manipulative Therapy qualifications

When and where did you first qualify as a Massage/Manipulative Therapist?:

How Many years have you been in practice?:

FOR ALL APPLICANTS

Have you ever been excluded from any professional register? **YES / NO**

Are there any past or outstanding actions/claims against you? **YES / NO**

All members must have a Valid First Aid certificate.

Have you ever had an application of practitioner insurance declined? **YES / NO**
If yes to the above, please comment (Continue on separate sheet if necessary)

NAMMT RECOMMENDS

Remedial/Massage Therapists	**£3 million Professional Insurance Cover**
Physiotherapy/Manipulative Therapists	**£6 million Professional Insurance Cover**

FEES

FREE for Students / FREE for Fellowship Members

Full membership fee is **£60** per annum 1st April - 31st March

Fees are pro-rata for joining part-year: £30 Jul-Sept £20 Oct–Dec £10 Jan-Mar

Please make cheques out to NAMMT. Please inform us if you would like a receipt

PAYMENT BY BANK TRANSFER

Account: NAMMT SORT CODE: 20-16-08 Account Number 23176894

Please place your name and membership number as the reference when processing through

I have paid by bank transfer Signed …..... Date ….....

DOCUMENT CHECKLIST

Copy of Qualification Certificate	**Copy of Insurance Certificate**
Copy of first aid certificate	**Cheque for required amount**

By Signing this form you are agreeing to the terms and conditions of NAMMT

I affirm that all the above information provided is true to the best of my knowledge

Signed …..... Date ….....

Complete and return this form enclosing relevant fee and documents to:

Nammt Membership Secretary, 24 Mount Street, Derby, DE1 2HH or email to diannenaturalhealthnammt@gmail.com

SUBSCRIPTIONS

a) Subscription fees shall be fixed from time to time as decided by the Executive Committee and passed by a simple majority at the AGM.

b) The Financial year of the Association shall date from 1st April to 31st March and premiums shall be paid annually by 1st April or on a pro-rata basis from the date of joining.

c) Members who fail to pay the annual subscription within two months of invoicing shall be sent a reminder by the Membership Secretary and if the subscription shall remain unpaid by 30th April, they will cease to be a Member of the Association. If you have your insurance with Balens under the Nammt scheme and do not renew your Nammt membership you must notify Balens immediately, transfer to an individual policy and pay the additional premium.It is a condition of the insurance policy that you remain a member of Nammt for the duration of the cover.