

# Membership Application Form

BAT, 318 Dollis Hill Lane, London, NW2 6HH. Tel: 0800 610 1529 Email: [membership@britishassociationoftherapists.co.uk](mailto:membership@britishassociationoftherapists.co.uk)

## SECTION A: Membership category

Please tick the appropriate box (details of the requirements of each category can be found on the final page of this form)

- Professional Member       Student Member  
 Associate Member       Affiliate Member

**MEMBERSHIP IS REQUIRED FROM**      01/ \_\_\_\_\_ / \_\_\_\_\_

(Please indicate month and year you wish membership to commence. Please note that all memberships commence from the 1st of each month)

## SECTION B: Personal details

Surname: \_\_\_\_\_ Mr/Mrs/Miss/Ms/Dr etc. \_\_\_\_\_  
Forename(s): \_\_\_\_\_ Male  Female   
Home address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home tel: \_\_\_\_\_ Contact email: \_\_\_\_\_  
Mobile tel: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ National Insurance Number: \_\_\_\_\_

## SECTION C: Qualifications – (not required to be completed for Associate membership)

Qualifications: \_\_\_\_\_  
University/College studied at: \_\_\_\_\_  
Date of qualification: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HCPC number (if known): \_\_\_\_\_

## SECTION D: Employer & work details

**IMPORTANT INFORMATION: YOU NEED TO COMPLETE THIS SECTION FOR YOUR APPLICATION TO BE PROCESSED.** If you are not currently employed, please enter your previous employer details. If you have not worked before, please ensure that you have entered the name of your University or College in the Qualifications section.

Please indicate whether this is your  Current employer       Previous employer/University or College

Employer organisation: \_\_\_\_\_  
Work address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Work tel: \_\_\_\_\_ Work email: \_\_\_\_\_  
Job title: \_\_\_\_\_

## SECTION E: Ethnic Origin

Please tick the box indicating your appropriate ethnic origin

- White     White/European     Asian     Black/Caribbean     Black/African     Black/Other     Bangladeshi     Chinese

Other ethnic group – Please specify \_\_\_\_\_

BAT Use Only

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November 2014

## SECTION F: Method of payment

Please choose **ONE** method of payment

Cheque

I enclose a cheque for £ \_\_\_\_\_ made payable to "British Association of Therapists"

Direct Debit

I enclose the completed direct debit instruction (Overleaf)

*NB: We are not allowed to accept faxed copies of direct debit mandates*

## SECTION G: Declaration

I apply for membership of the British Association of Therapists and, if accepted, undertake to be bound by the provisions of its Constitution and its Code of Ethics. I confirm that I fulfil the conditions of the category of membership for which I am applying.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NB: Once accepted as a member of BAT, should you wish to resign your membership you will need to notify us directly of this. Your membership will then be cancelled with effect from the end of that current month or the end of the requested month, if later.

### Data Protection statement

BAT treats your information in the strictest confidence. Information provided by you is recorded by BAT for statistical purposes and is only passed on to third parties in order to provide you with BAT services, election facilities and other information required by statute.

# Payment nformation

## PAYING BY CHEQUE

To pay the subscription in full, please use the following table to determine how much you need to include with your completed application form.

	Professional Member	Associate Member	Student Member	Affiliate Member
	£	£	£	£
January	45	25	25	15
July	22.5	12.5	12.5	7.5

Please complete the direct debit instruction below. *Please note that it takes up to 10 days for your bank or building society to process a new instruction.* If we are unable to set up a direct debit for the first collection, we will add this to the next month's deduction and any other payment arrears will be collected at this time. *Payments are taken monthly, on or just after the last working day of the month.* Direct Debits may not be taken from some types of bank or building society accounts. If you are not sure, please speak to your bank or building society.

**NB: We are unable to accept faxed copies of direct debit mandates as your bank requires an original signature**

**INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT**

**Please complete the form in full and send to:**

Membership Administration Department  
 British Association of Therapists  
 318 Dollis Hill Lane  
 London  
 NW2 6HH



Name of Account Holder \_\_\_\_\_

Branch sort code

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Bank/Building Society account number

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Name and full address of your bank or building society

To: The Bank/Building Society Manager
Postcode: _____

Originator Identification number

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Reference number (for BAT to enter)

<b>BAT</b>	<b>0</b>						
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**Instructions to your Bank or Building Society**

Please pay BAT direct debits from the account detailed in this Instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with BAT and if so, details will be passed electronically to my Bank/Building Society

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

.....✂.....  
 This guarantee should be detached and retained by the payer

**The Direct Debit Guarantee**

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit BAT will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If you request BAT to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by BAT or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when BAT asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



please contact the Membership Administration Department:

**Tel: 0800 610 1529**

**Email: [membership@britishassociationoftherapists.co.uk](mailto:membership@britishassociationoftherapists.co.uk)**

**[www.britishassociationoftherapists.co.uk](http://www.britishassociationoftherapists.co.uk)**

**Please return completed form to:**  
**Membership Administration Department**  
**BAT**  
**318 Dollis Hill Lane**  
**London**  
**NW2 6HH**