INTERNATIONAL REGISTER OF MASSAGE THERAPISTS

**(established1978)**

email: irmeteb@gmail.com website: www.irmt.co.uk



 All correspondence should be addressed to IRMT

 **APPLICATION FOR MEMBERSHIP**: please write clearly

FULL NAME: (as to appear on the Certificate)

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ADDRESS:

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QUALIFICATIONS:

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JOINING FEES: £35 to be paid by online transfer to Sort Code 09-01-68 Account 68387617

 (Fee will be refunded if application refused)

ANNUAL FEES: £30

I hereby apply for Full/Associate Membership of the IRMT and agree to abide by it’s rules and regulations.

Full members are qualified in ancillary Physical Therapy subjects, such as Aromatherapy, Sports Injuries/ Massage, Reflexology, Reiki, Beauty Therapy, Chiropody, Osteopathy, Shiatsu - as well as Nurses, Physicians, Dentists or paramedical personnel

Complete and email this form to irmteb@gmail.com

Signed: Date:

For the purpose of compiling a Newsletter mailing list to members and for subscription fees reminders, your name will be held on a computer record and will be treated confidentially.

If, for any reason, you object to this, please inform us in writing. These details will not be available to any other person or organisation without the express permission of the member concerned