



Application for IAAFA Membership

Title: _____ First Name: _____ Surname: _____

GDC/GMC Number: _____ Gender: [M] [F] How did you hear about IAAFA: _____

Preferred Mailing Address (practice or home): _____

Postcode: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Qualifications including year of graduation and the institution(s): _____

Are you a member of any other professional organisations: _____

What is your primary reason for joining the Academy: _____

Membership Category please circle accordingly: (Please see our Membership Categories section of the website).

PLATINUM GOLD SILVER BRONZE PREMIER BRONZE

I authorise IAAFA to send me details of member benefits from its partner organisations please initial): _____

I wish to apply and agree to abide by the rules and by-laws of the Academy. I further agree to abide by the Academy's guidelines for announcing and advertising my membership of the Academy.

Method of Payment

1. Visa/MasterCard/Delta/Switch

I hereby authorise IAAFA to debit my credit/debit card with the total listed above.

Please insert the 13 or 16 digit card number: _____ / _____ / _____ / _____

Security Code: Expiry Date Valid From Issue No (debit card only)

_____ / _____ _____ / _____ _____

2. Cheque payable to 'IAAFA'

	Category (please tick)	Annual Fee
[]	Doctor/Dentist	£295
[]	Nurse	£150

Signature: _____ Date: _____

Please send completed form to the IAAFA Secretary, 3 Warren Row, Fernbank Place, North Ascot, SL5 8HN

Tel: +44 1344 891235 Email: info@iaafa.net www.iaafa.net

IAAFA is a non-profit organisation - Company No: 5571948