



Membership Application Form

Title: Forename(s):
Surname:
Address:
Postcode:
Tel No: Mobile:
E-mail Home:
E Mail Work:
Occupation:
Organisation:
Outline of present role: **(Please do not send a CV.)**

Higher Education and Professional Qualifications **(Please do not send CV)**

College/University etc	Course	Qualification	Date

Training and Courses **relevant** to application

Organisation etc	Course	Duration (hrs)	Date

Membership of Professional Bodies

Institution or Body	Grade	Date Accepted

I am applying for membership in the following grade

- Student Member
- Associate Member
- Individual Member

References:
One for Student or Associate Member
Two for Individual Member

Name:
Address:
Post Code:
Telephone No.
Relationship to applicant

Name:
Address:
Post Code:
Telephone No.
Relationship to applicant

Tutors Certificate (Student grade only)

Course of Study:
University/College
I certify that.....
is a student on the above course
Signed:
Name:
Date:

How did you hear about ISMA^{UK}?

I certify that all of the information provided in this application is correct to the best of my knowledge and that I will abide by the ISMA^{UK} Code of Conduct. I enclose my non refundable administration fee of £30 and any relevant certification/evidence.

Signature

Name: Date:

PTO.

Please use this space to give full details of your experience relevant to Stress Management.
DO NOT submit a CV. All relevant information can be contained in here.

I enclose my non-refundable Administration Fee of £30.

I enclose copies of all **relevant** certification (Not CV)

The Application notes should be referred to when completing this application. This document is downloadable from the ISMA^{UK} website www.isma.org.uk