



## MEMBERSHIP APPLICATION / RENEWAL

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Phone no. with International Code \_\_\_\_\_

**STATUS ( please circle correct type )**

**Professional      Fee: £70**

**Provisional      Fee: £50**

**Associate      Fee: £30**

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### DECLARATION

**I agree to abide by the rules of the Association contained in the current Handbook, which I have read and understood.**

Signed \_\_\_\_\_

**PLEASE MAKE YOUR PAYMENT VIA PAYPAL . [iavmttreasurer@gmail.com](mailto:iavmttreasurer@gmail.com)**

**or Send a cheque in pounds sterling. ( Made out to International Assoc. For Voice Movement Therapy )**

**If you prefer to pay by Bank draft, for details please contact [veronicavmt@hotmail.co.uk](mailto:veronicavmt@hotmail.co.uk)**

**PLEASE RETURN THE FORM , (AND CHEQUE if paying by cheque), TO**

**IAVMT ,73, Beryl Road, London W6 8JS UK**

**(The Company IAVMT is now registered at CERTAX ACCOUNTING, 85-87, Bayham Street, London NW1 OAG)**