

# Associate Membership Form

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ACUPUNCTURE  
CHILDBIRTH  
TEAM (ACT)

BRIGHTON & SUSSEX • 07748 082362

## Contact Details

Name:	Home phone No:
Address:	Work phone No:
	Mobile phone No:
	E-mail:
Postcode:	Website:

## Qualifications

Acupuncture qualifications/college attended/year of qualification:	Other relevant qualifications: (please state year of qualification)
BAC/ATCM membership number:	

## Post Graduate Studies

List any relevant courses for the treatment of infertility/pregnancy/childbirth:

## Childbirth Attendance

Have you attended a birth before? <input type="checkbox"/> yes <input type="checkbox"/> no
If no, have you given birth? <input type="checkbox"/> yes <input type="checkbox"/> no

**The joining fee of £40 includes 1 year membership from January to December of the current year.**

Please include:

- BAC / ATCM membership certificate
- Licentiate in Acupuncture
- Current insurance documentation
- Any relevant course certificates listed above
- Payment by direct transfer into **ACT Brighton & Sussex** bank account below
  
- I have read the ACT Guidelines / Protocols and agree to adhere to the principles outlined.

Signature \_\_\_\_\_

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

### For submissions by post:

Ms Mo Froud  
ACT Membership  
13 Compton Rd, Lindfield  
Haywards Heath, West Sussex, RH16 2JY

### For electronic submissions & payments:

Email • info@actbrighton.org.uk  
Account name • ACT Brighton & Sussex  
Account No • 00007804  
Sort code • 309125  
Note: Please put your name in the payment reference.