



COMPLEMENTARY THERAPIES SPECIAL INTEREST GROUP

MEMBERSHIP RENEWAL 2011 FEE \$20

Please notify us of any changes of name, address, telephone numbers and email address and return this form with your membership fees.

Name.....

Address.....

Phone:HmPracticeMob

Email:.....

Modalities:.....

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Available for presentation at meetings/workshops (please circle) Yes/no

Do you wish your details to be available on our website? (please circle) Yes/no