



# International Federation of Aromatherapists

## IFA MEMBERSHIP APPLICATION FORM

(BLOCK CAPITALS & CLEAR HAND WRITING PLEASE)

Mr/Mrs/Miss/Ms First Name ..... Surname .....

Membership/ Student Number.....

Address .....

Town/City ..... County ..... Post Code.....

Contact Numbers .....

Email Address .....

I have read and agree to the Terms & Conditions of Membership   
(<http://www.ifaroma.org/en/home/become-an-ifa-member/terms-and-conditions-of-membership/>)

### TERM OF MEMBERSHIP 12 MONTHS

<u>Category</u>	<u>Professional Status</u>	<u>Please enclose</u>	<u>Membership Fees</u>	<u>Please tick chosen category</u>
<b>FULL</b>	Trained on IFA recognised course	Proof of current professional insurance and first aid certification	<b>£80.00</b>	
<b>ASSOCIATE</b>	Trained on non-IFA course	Proof of current professional insurance and first aid certification	<b>£50.00</b>	
<b>CARER</b>	Trained as IFA Carer		<b>£35.00</b>	
<b>FRIEND</b>	No special requirement		<b>£35.00</b>	
<b>STUDENT</b>	Attending IFA course		<b>£25.00</b>	

PLEASE FILL OUT THE SLIP BELOW OR ATTACH A CHEQUE WITH PAYMENT –  
20A THE MALL EALING W5 2PJ - EMAIL [OFFICE@IFAROMA.ORG](mailto:OFFICE@IFAROMA.ORG)

Name .....

Address .....

Debit/Credit Card details: Solo  Switch  Visa  Visa Electron  MasterCard

Card No: \_ \_ \_ \_ \_

Card Holder Name..... Issue No..... Valid From .....

Expires end ..... Security Code .....



The CSC is 567.

(Last three digits)

Once your application is successful you will be able to enter the members area of the IFA website