



NEW MEMBERSHIP APPLICATION FORM 2017

FULL NAME			MEMBERSHIP NO
ADDRESS	Business Name		
	Line 1		
	Line 2		
	City		
	District		
	County		
	Country		
	Postcode		
EMAIL			
WEBSITE			
TELEPHONE/MOBILE			
SCHOOL TRAINED			MM/YY GRADUATED

MEMBER CATEGORY	TRAINING CRITERIA (Please attach a copy of certificate)	FEE (12 MONTHS)	PLEASE TICK
FULL	For those who have successfully graduated from an IFA Registered Diploma Course or have undertaken training consistent with IFA Diploma standards	£80	
PEOT	For those who have successfully graduated from an IFA registered Professional Essential Oil Therapy Diploma Course	£80	
ASSOCIATE	For those who have a qualification in Aromatherapy to a level 3 standard and have met National Occupational Standards.	£50	
CARER	For those who have completed the IFA Carer Course 'Aromatouch'	£35	
FRIEND	For those who are interested in Aromatherapy - no prerequisites required	£35	
FULL + CARER	For those who have successfully graduated from the IFA Aromatherapy Diploma and Aromatouch Carer Course	£90	
FULL + PEOT	For those who have successfully graduated from the IFA Aromatherapy Diploma and Professional Essential Oil Therapy Diploma Course	£120	
FULL + PEOT + CARER	For those who have successfully graduated from the IFA Aromatherapy Diploma, Professional Essential Oil Therapy Diploma Course and Aromatouch Carer Course	£125	

NB. New students please apply through your school

INSURANCE PROVIDER:
(Please attach a copy of certificate)

FIRST AID EXPIRES:/...../.....
(Please attach a copy of certificate)

PAYMENT OPTIONS: Will be sending a Cheque Request Bank Details for BACS Below
Please debit my account with the following details:

Card Holder Name

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

Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expires end/..... Security Code **(Last three digits)**



AGREEMENT & SIGNATURE

- a) I am committed to the ethos of the IFA and promotion of aromatherapy
- b) I am in good standing as a practitioner and have not been subject to a disciplinary or civil proceedings brought against me in relation to my practice
- c) I have declared any health issues that may impact their ability to practice
- d) I voluntarily agree to be bound by the terms and conditions of membership published on the IFA's website
- e) The information provided is true to the best of my knowledge

Signature.....

Dated: / /