



# MEMBERSHIP RENEWAL APPLICATION FORM 2017

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

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

NB. Students please renew through your school

**INSURANCE PROVIDER:** .....  
(Please attach a copy of certificate)

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

### PAYMENT

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: / /
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