Association of Neuromuscular Physical Therapists
Membership Application

Use this form to apply for membership of the Association of Neuromuscular Physical Therapists and return completed form to ANMPT, 16a St. Joseph's Parade, Dorset Street, Dublin

Please complete this form using black or blue ink. Use BLOCK LETTERS and mark boxes with an **X**

1 Name

Mr. Mrs. Ms. Dr. etc.

First Name (s)

Last Name

2 Address

This is the address which will be used for all communication with you regarding the ANMPT membership.
It is your responsibility to notify the ANMPT should you change address.

3 Contact Details

The details provided here will be used by the ANMPT to contact you before, during and after your membership term.
These details will also be listed on the ANMPT Register at www.anmpt.ie and will be passed on to health insurers and potential clients who wish to contact you. If you do not want these details to be used in this way please indicate opposite

Landline

Mobile

Email

I **DO NOT** wish to be contacted by prospective clients by:

LANDLINE ☐ *MOBILE* ☐ *TEXT* ☐ *EMAIL* ☐ *POST* ☐

4 Membership Details

Please indicate the type of membership you wish to apply for.

Full Membership ☐

Student Membership ☐

Application for full membership is open to individuals who hold the National Qualification in Neuromuscular Therapy or The National Qualification in Sports Massage Therapy or the National Qualification in Neuromuscular and Physical Therapy or the Higher Diploma in Neuromuscular Therapy and must be accompanied by a copy of your current Professional Indemnity insurance policy and membership fee. Full membership includes a subscription to the Journal of Bodywork and Movement Therapies and costs €169.00 per annum.

Application for Student Membership is free of charge and does not include a subscription to the JBMT. Eligible individuals must be currently studying to obtain the National Qualification in Neuromuscular Therapy or The National Qualification in Sports Massage Therapy or the National Qualification in Neuromuscular and Physical Therapy or the Higher Diploma in Neuromuscular Therapy

5 Payment Details

Please indicate the amount and method of any enclosed payment.

Amount € . 0 0

Method Credit Card ☐ Cheque ☐ Cash ☐ Other ☐

Cash should not be sent by post.

If paying by credit or debit card please complete below.

Card Number

Expiry Date

Security Code

6 Declaration by Applicant

You must check to ensure that you are eligible for membership prior to signing.

- **I am eligible for membership of the ANMPT**
- **I have read all the information and understand and agree to be bound by the terms and conditions associated with membership.**
- **All the information I have provided is true and complete.**

I AM QUALIFIED IN, AND ENTITLED TO BE LISTED AS SUCH, FOR THE FOLLOWING DISCIPLINES:

Select all that apply

Neuromuscular Therapy ☐ *Physical Therapy* ☐ *Sports Massage* ☐

Frequency Specific Microcurrent ☐ *Trigger Point Needling* ☐

Equine Neuromuscular Therapy ☐ *H. Dip. NMT* ☐

Signature of Applicant

Date of signing

d d - m m - y y y y

Official Use Only

Date Received	Date Approved

© 2007 ANMT