

SHIATSU SOCIETY (UK) NEW MEMBERSHIP FORM

STUDENT MEMBERSHIP RATES 2008

UK 1st Year Student £23
 UK 2nd Year Student £46
 UK 3rd Year Student £69

UK Readership Only £43
 Overseas Readership £52

Please write clearly in **BLOCK CAPITALS**. Complete ALL relevant sections, and return to:- **Shiatsu Society (UK), P O Box 4580, Rugby, CV21 9EL**

Membership runs annually from the date we receive an application to the end of the preceding year in the following year. No refunds will be issued.

Title	First Name	Middle Names:	
Last Name			
Sex	M / F	Date of Birth	Age
Current Occupation			

Principal Address (where the newsletter will be sent to)

Town _____	Phone No 1 _____
County _____	Phone No 2 _____
Postcode _____	Email _____

Please note that the Shiatsu Society membership is held on computer. The list is used solely for administration and is not made available to other organisations. Occassionally, we receive requests from members for name, email and telephone numbers of other members in their area. Do you wish us to give out this information?

Yes / No

COURSE DETAILS

Details of your **first** Shiatsu Society approved training course.

School _____

Main Teacher _____

Date _____

Current Shiatsu Society approved training course (if different):

School _____

Main Teacher _____

Date _____

Details of any other relevant courses:- _____

I enclose a Cheque / Postal Order for the sum of £ _____

I wish to pay by credit card: Visa / Mastercard Start Date: / /

Issue Number: Switch / Maestro Expiry Date: / /

Card Number:

Name on Card: _____ Signature: _____

Date: _____ 3 digit Security Code (on back)