

SHIATSU SOCIETY (UK) NEW READERSHIP FORM

READERSHIP RATES 2010

UK Readership Only	£43	<input type="checkbox"/>
Overseas Readership	£52	<input type="checkbox"/>

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 day 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 (if applicable)

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 _____
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Details of any other relevant courses:- _____

I enclose a Cheque / Postal Order for the sum of £ _____ + 2.6% surcharge

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)