SHIATSU SOCIETY (UK)
NEW READERSHIP FORM

READERSHIP RATES 2011

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 preceding day in the following year. No refunds will be issued.

Title: _____ **First Name:** _____ **Middle Names:** _____

Last Name: _____ **Sex: M / F** **Date of Birth:** _____

Current Occupation _____

Principal Address (where the Journal will be sent to)

Street _____

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. Occasionally, 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 _____

Other relevant courses:- _____

_____

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

Please note credit/debit card payments incur an additional 3% charge to cover bank charges

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) ☐☐☐

Declaration

☐ I wish to be a Member of the Shiatsu Society (UK) and agree to abide by its Rules and Regulations, and its Code of Conduct and Ethics.

Signed: _____ Date: _____

VAT Reg No. 671 1456 43