

Application Form for the Membership

The British Society for Bioregulatory Medicine



Title	First name,	Second name
Address		
Telephone		e mail
Education		
Professional Education (details of professional qualifications)		
Postqualification professional development (courses, seminars)		
Bioregulatory Medicine Courses (complementary medical, integrative and bioregulatory courses)		
(Private, NHS, Employed, Self-Employed) Practicing experience		
Interest in Bioregulatory, CAM , non suppressive medicine		
Indicate type of treatment you are applying		
Specialisation		
Indicate area of your interest and/or specialisation		
Postgraduate development		
Indicate area of your further studies		
Professional Membership		
Please give details of any membership of conventional or complementary medicine		
Insurer's name, Licence number		Professional insurance details



Indicate your area of clinical research

--	--

Lecturing experience

please tick off

(Would you consider lecturing on The Society Educational programme?) YES NO

--	--

Indicate your Publishing and writing experience

YES NO

(Would you consider publishing articles in the Society newsletter and Journals?)

--	--

Indicate area you feel that you can give an expert opinion

--	--

Would you like to be on a public register of Bioregulatory Practitioner?

YES please tick off NO

--	--	--

Would you like to be in a network for patients referrals ?

YES please tick off NO

--	--	--

Payment details

The fee for full membership is £50 per annum

Your membership entitles you to:

1. Use MBSBM after your name
2. Lecture and publish at the Society Courses and Journals on Invitation
3. Invitation to Society's Conferences, seminars and meetings
4. CPD and postgraduate courses for membership
5. Public register and referral scheme of the Society

Choose method of payment: cheque, credit card or standing order

<input type="checkbox"/>	cheque	Cheque for £50 payable to : Biomedic Foundation- Charity BSBM
<input type="checkbox"/>	credit card	Card Type _____ Card number _____ Expiry date _____ issue number (Switch/masters _____)
<input type="checkbox"/>	standing order	Your Bank name _____ Your Bank Sort Code _____ -- _____ -- _____ Your Bank account number _____ I Authorise standing order payment to Biomedic Foundation and debit of £25.00 annually Your Signature _____ date _____