

The Metamorphic Association: Membership Application Form



Thank you for your interest in becoming a member of the Metamorphic Association. For full details of our membership categories with benefits, conditions and costs, please see our membership leaflet.

Please complete this form and return it to the Metamorphic Association along with payment and any required documents (see below).

Membership category

Please tick the category of membership for which you are applying:

- Associate Member (please complete sections 1 & 2)
 Practitioner Member (please complete sections 1, 2 & 3)
 Teacher Member (please complete all sections)

Section 1: Personal details (all applicants)

Please complete in BLOCK CAPITALS:

Title First name

Last name

Address

County..... Postcode Country

Telephone Fax E-mail

Section 2: Training (all applicants)

Please give details of the Metamorphic Technique courses/workshops you have attended below. Please also attach copies of your attendance certificate(s) with this form (or written confirmation of attendance from your teacher)*

Dates	Location	Teacher
.....
.....
.....
.....

Section 3: Practical experience (Practitioners & Teachers)

Please give details of your experience of practising and receiving the Metamorphic Technique below:

	In the last 12 months	In total
Approximately how many one-hour sessions have you given:
Approximately how many people have you given sessions to:
Approximately how many sessions have you, yourself, received:

Section 4: Teacher training and experience (Teachers)

Please give details below:

I confirm that I have

- been a Practitioner Member since (insert date)
- completed a teachers training course with (course leader)
at (location) on (dates)
- given (insert number) talks/presentations on the Metamorphic Technique.
- given (insert number) courses/workshops on the Metamorphic Technique.

Please submit the following along with your application:

- details of the dates and locations of talks/presentations and workshops given
- a copy of your workshop plan
- feedback forms from at least 10 students.

Signature (all applicants)

I have read and accept the conditions of membership (as set out in the membership leaflet) and wish to apply for membership of the Metamorphic Association as per the information given above. Those applying for Practitioner or Teacher Membership should also read the Code of Professional Practice and agree to comply with it before submitting their application.

Signature _____ Date _____

Payment details (all applicants)

Membership subscriptions run annually from October to September; those joining during the year pay a part-year fee. Please circle the amount you are enclosing in the table below.

*Please send a cheque payable to **The Metamorphic Association**. If sending payment from outside the UK, please send an international money order.*

Application date	Associate Member	Practitioner Member	Teacher Member
Oct-Sep	£18.00 CH-40 Euro 27	£60 CH-150 Euro 90	£100 CH-250 Euro 150
Jan-Sep	£13.50 CH-30 Euro 20	£45 CH-113 Euro 68	£75 CH-188 Euro 113
Apr-Sep	£9.00 CH-20 Euro 14	£30 CH-75 Euro 45	£50 CH-125 Euro 75
Jul-Sep	£4.50 CH-10 Euro 7	£15 CH-38 Euro 22	£25 CH-62 Euro 38

For Swiss people, send payment to Janick Noverraz 2300-La Chaux -de-Fonds. Account no 80-85349-4

For Germany, send payments to Martin Seeger-GLS Bank, BLZ 430 609 67, Kt.Nr. 30 2674 00.

**PLEASE RETURN YOUR COMPLETED APPLICATION TO
'THE MEMBERSHIP SECRETARY' AT THE ADDRESS BELOW**

! Checklist – have you enclosed:

- payment
- workshop attendance certificates (Associates and Practitioners)
- teachers' supporting documentation (Teachers)

For office use only

Application accepted by

Date

Please return the form to: Keith Moore, Membership Secretary, The Metamorphic Association,
159 Bembrook Road, Hastings, East Sussex TN34 3PD

Telephone for information: 01424 432 566 – Website: www.metamorphicassociation.org

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