

Application Form

Thank you for your interest in becoming a member of the Metamorphic Association.
Please complete this form and return it to us together with any required documents.
Please do not send any money now.

Membership category

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

- Associate Member (please complete sections 1, 2 & 3)
- Practitioner Member (please complete sections 1, 2, 3 & 4)
- Practitioner Teacher Member (please complete sections 1, 2, 3, 4 & 5)
- Apprentice Teacher Member (please complete sections 1, 2, 3, 4 & 5)
- 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 Mobile 1st language

E-mail 2nd language

Website..... 3rd language

Section 2: Your data sharing preferences (all applicants)

Please confirm your preferred contact details for sharing with other members, and if you are applying for, or upgrading to, Practitioner Membership please confirm that your contact details are up to date and tell us the preferred contact details you would like to share with the general public in the table underneath.

Address

County..... Postcode Country

Telephone Mobile 1st language

E-mail 2nd language

Website..... 3rd language

Section 3: Training (all applicants)

Let us know Dates, Teacher's name and Locations of the Metamorphic Technique® workshops you have attended. Please also attach copies of your attendance certificate(s) with this form.

Are you a member of a Professional Body? **Yes/No** Which one?.....

Do you have practitioner insurance? **Yes/No** What Insurer?.....

Section 4: Practical experience (Practitioners, Practitioner Teachers, Apprentice Teachers & Teachers only)

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 5: Practitioner Teacher, Apprentice Teacher and Teacher

I confirm that I have:

- been a Practitioner Member since (insert date)
- completed a Pre-requisite Continued Education Seminar (date & place).....
- completed a teachers training course with (course leader/s)
- at (location) on (dates)

Please submit supporting Certificates of Attendance for Seminar and Teacher Training

Section 6: Teachers (Teacher training and experience)

Please give details below:

I confirm that I have

- been an Apprentice Teacher Member since (insert date)
- given (insert number) talks/presentations on the Metamorphic Technique®.
- given (insert number) 12 hour (complete basic) /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 and handouts.
- feedback forms from at least 10 participants.

Signature (all applicants)

I have read and accept the conditions of membership (as set out in the Membership Information sheet) and wish to apply for membership of the Metamorphic Association as per the information given above. Anybody applying for Membership should also read the Code of Practice and Professionalism & Ethics and agree to comply with them before submitting their application.

Signature _____ Date _____

Payment

An invoice for payment of Membership fee will be sent to you upon acceptance of your application.
PLEASE DO NOT SEND ANY MONEY NOW

Annual membership fee

Associate	Practitioner	Practitioner Teacher	Apprentice Teacher	Teacher
£ 18	£ 60	£ 80	£100	£ 120

PLEASE RETURN YOUR COMPLETED APPLICATION TO OUR OFFICE *PREFERABLY VIA EMAIL* TO office@metamorphicassociation.net OR TO THE POSTAL ADDRESS BELOW

!! Checklist – have you enclosed:

- List of Date, Teachers name and Location of workshops you have attended
- Workshop attendance certificates (Associates and Practitioners)
- Teachers' supporting documentation as sections 4 & 5 (Teacher Categories)

For office use only

Application accepted by _____

Date _____

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