



## MEMBERSHIP APPLICATION

**Member Name:**

**Current address:**

**Tel:**

**Mobile:**

**Work:**

**Email:**

**PLEASE FILL IN CONTACT DETAILS AS YOU WISH THEM TO APPEAR ON THE SOCIETY WEBSITE. IF YOU WISH, PLEASE PROVIDE A GOOD QUALITY PHOTOGRAPH WITH YOUR APPLICATION, THIS WILL ALSO APPEAR ON OUR WEBSITE ALONGSIDE YOUR PROFILE:**

**Name & Address:**

**Tel:**

**Email:**

**Mob:**

**Website:**

**Facebook / Social Media Link:**

### PLEASE TICK MEMBERSHIP:

*(ALL FEES INCLUDE €15.00 EUROPEAN SHIATSU FEDERATION LEVY)*

Student €35  
(First years free):

Graduates: €75

Registered (R.P.S.S.I) €75

Associate: €15  
*(Those who have an interest in Shiatsu and are non-practicing)*

### INSURANCE

**Sent by Post:**

**Sent by Email:**

Please send your insurance fee directly to the insurers. Insurance is mandatory for practitioner registration so enclose a copy of your Insurance Certificate by email with this application form. The Society Block Scheme operated by Balens Ltd. is recommended. Balens Insurance Company, 2 Nimrod House, Sandy's Road, Malvern, Worcs. WR14 1JJ, England. Tel:0044 - 1684 893006, www.balens.co.uk

Membership of the Register is valid for the duration of the insurance cover only, so **please forward your new certificate if your insurance cover is renewed during the Society membership year.**



**PLEASE INDICATE HOW YOU WOULD LIKE TO PAY**

Amount of €

by Electronic Transfer:

Please put your name as the electronic payment reference when making your transfer, and email this form.

Our bank details are:

**BIC#:** IPBSIE2D

**IBAN#:** IE28 IPBS 9906 2580 0161 13

**Sign:**.....**Date:**.....

Please tick here to indicate that you have read and agree to abide by the SSI Constitution and Code of Ethics.....

Please send application form with supporting copy of insurance to:

**Email:** [ShiatsucommitteeIreland@gmail.com](mailto:ShiatsucommitteeIreland@gmail.com)

Date Received by Secretary: \_\_\_\_\_

**DETAILS OF TRAINING**

School attended:

Course Name:

Date of Completion:

For Students: Current Year (Eg. 1<sup>st</sup>, 2<sup>nd</sup>)

Please indicate any workshops or classes you have completed or presented in the past 12 months?

**SOCIETY ACTIVITIES**

1. List any ideas for workshops you would like the Society to organize?
2. List any ideas you have on how the Society can work better for you?
3. List any ways in which you would be willing to contribute to the work of the Society in any way?

**TREATMENT HOURS**

Please indicate the group that most represents the number of Shiatsu treatments you give each month:

(A) 1 - 10

(B) 11 - 20

(C) 21 - 40

(D) 41 and over