

PROFESSIONAL ASSOCIATION OF CRYSTAL
THERAPISTS (PACT)

Office use only

Membership No:

MEMBERSHIP APPLICATION FORM

Please complete the application form in block capitals and post along with a cheque for the appropriate membership fee to :

PACT MEMBERSHIP, 19 REGENCY ROAD, ASFORDBY, MELTON MOWBRAY,
LEICESTERSHIRE, LE14 3YL

PERSONAL DETAILS

TITLE: FIRST NAME: FAMILY NAME:

ADDRESS:

POSTCODE:

HOME TEL NO: MOBILE NO:

EMAIL:

DATE OF BIRTH

OCCUPATION

SEX: M / F

TYPE OF MEMBERSHIP APPLIED FOR

UK WORLDWIDE
ASSOCIATE STUDENT

STUDENT MEMBERS ONLY

Course Title Course Tutor

Course duration

School/college address

School/college telephone no.

Proof of your student status must accompany this application i.e. letter from your tutor, copy of your enrolment form, acceptance letter.

PAYMENT AND ENCLOSURES

- A cheque or postal order made payable to the **Professional Association of Crystal Therapists** for £.....
 Proof of training (student members only)

DECLARATION

I HEREBY DECLARE that the above statements and particulars are in all respects complete and true. I have never been convicted of a criminal offence, other than motoring, and have no prosecutions pending.
I further declare that I have never been refused membership of any professional body on the grounds of misconduct and have no such complaints pending.
I confirm that I have read and understood the PACT Codes of Professional Conduct and agree to abide by them. I understand that failure to do so may result in disciplinary action.

Signed:..... Dated:.....

PACT reserves the unconditional right to refuse membership.
The information on this form is protected by the Data Protection Act 1998