APPLICATION FORM FOR KF ASSOCIATE MEMBERSHIP



| Contact Information for KF: | |
|---|--|
| Mr/Mrs/Miss/Ms | |
| Forename | Forename: Please use the name you want on |
| Surname | the referral register. |
| Letters after Name | Letters after name: Please only enter those you want on any correspondence from the KF. |
| Date of Birth | DOB: This is compulsory info due to the |
| Course Instructor | requirements of external bodies. |
| Branch of Kinesiology | Instructor: Please enter the name of your AdvancedK Instructor |
| Address | |
| | |
| County | County: Required for manual practitioner searches for phone enquirers—please |
| Country | complete. |
| Postcode | Country: England, Scotland, Wales, Ireland, etc |
| Tel No (1) | |
| Tel No (2) | |
| Fax No | |
| E-Mail | |
| Website | NB: If you only want some of this |
| If the contact details above are not to be entered in the referral register and KF website, please tick | information entered in the referral register and KF website, please tick the box opposite, and |
| box and give practice address below | give the information you want shown under Additional Practice Addresses — please note |
| The KF is registered under the Data Protection Act. If you do not wish your contact details to be added to | that the main practitioner search on the KF |
| any mailing lists, please tick box. | website is by postcode. |
| Additional Practice Addresses: | |
| | Tel No (1) |
| Clinic Name — | Tel No (2) |
| Address | E-Mail |
| | |
| County | Website |
| Postcode | If you work from additional practice addresses please give the information on a separate sheet of paper. |

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| Please use your full name as the referen | nce for BACS payments | |
|---|-----------------------|--|
| BACS payment: Please contact the office for full account of | | |
| Cheques should be made payable to: Kind | esiology Federation. | - Caregory (200). |
| You can pay by cheque or BACS. | | (£35) or you renew in the new category (£80). |
| Half Fee (after 1st Feb) | £40.00 | You either renew as student (£45) and upgrade |
| Annual Fee (renewal date 1st Sept) | £80.00 | the cost is as annual fee (£80). |
| First Time Applicant | | If you are renewing and upgrading at the same time the |
| Half Fee (after 1st Feb) | £10.00 | Existing Members: |
| Upgrade from TFH Proficient | £20.00 | |
| Upgrade from Student Half Fee (after 1st Feb) | £35.00 £17.50 | |
| Existing Member | 025.00 | _ |
| Fees: | | TFH V certificate Balanced Health certificate |
| If you do not have insurance, please tick the Balen's block insurance application for | | KF Foundation certificate TFH Proficient certificate ITW certificate |
| Cheque (made payable to Kinesiology Fed | | assessment can be: |
| Information on additional practice premis | | Evidence of Foundation |
| Photocopy of Insurance Certificate* | inicate | two assessments are enclosed. |
| Photocopy of Foundation Kinesiology Ce Photocopy of Advanced Kinesiology Cert | | Please ensure that evidence of |
| | | |

| Please note that the membership year starts September 1 st . The annual fee is £80.00. New applications received after February 1 st pay only half the fee for that year. | Please read these conditions carefully: |
|---|---|
| I certify that the information given here is correct and that I have read, and agree to abide by, The Code of Conduct. | The code of conduct is available on the KF website. |
| I accept that it is my responsibility to keep my professional indemnity and public liability insurance valid and current at all times. | If the information on insurance or complaints is found to be incorrect then membership of the |
| I declare that the time of this application there are no known complaints, legal proceedings or claims pending against me. | KF will be cancelled. Please note that only the letters |
| I understand that on receipt of my certificate I can use KF Assoc. after my name. | KF Assoc. can be used. |
| I understand that I am required to apply to upgrade to KFRP status when I have completed the additional requirements. | |
| Signature Date | |

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