



APPLICATION FORM FOR STUDENT MEMBERSHIP

This membership category is open to anyone attending a KF recognised Kinesiology training course with a KF recognised Instructor.

Mr/Mrs/Miss _____ Date of Birth _____

Forename _____ Surname _____

Address _____

County _____ Country _____

Postcode _____

Tel No (1) _____ Tel No (2) _____

E-Mail _____ Website _____

Course Instructor _____ Branch of Kinesiology _____

The Kinesiology Federation is registered under the Data Protection Act. If you do not wish your name to be added to any mailing lists, please tick the box.

Please enclose the following documents (if available):

- Foundation Kinesiology Certificate (copy)
- Insurance Certificate (copy)

The annual fee for a Student member is £20.00.

BACS payments or cheques only please.

Cheques made payable to: Kinesiology Federation.

For BACS payments, please contact the office for payment details

I confirm that I am attending a KF recognised Kinesiology training course with a KF recognised Instructor.

Signature _____ Date _____