



**CYPRUS GENERAL COUNCIL & REGISTER OF ALTERNATIVE THERAPISTS**

**LEGAL DOCUMENT**

The undersigned:.....

Id. Card Number:.....

- Member of the:    ( ) Cyprus Alternative Therapies Association (Reg.No.1457)  
                          ( ) Cyprus Naturopathic Association (Reg.No. 1549)  
                          ( ) Cyprus Traditional Acupuncture Association (Reg.No. 2120)

Citizen of the Republic of Cyprus/European Union agree with the Code of Ethics and Professional Practice rules and regulations.

I understand that a serious breach of any aspect of the Code of Ethics and Professional Practice Rules and regulations will make me subject to disciplinary action in accordance with the mechanism described in Complaints Unit and Disciplinary Tribunal of the General Council and Association.

Member's Signature: .....

Witness Signature:.....

Date:.....