



Membership Registration

Application Form

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

Surname:.....

Name:.....

Address:.....

Tel:..... Mobile:.....

E-mail:.....

Date of Birth:..... Nationality:.....

Member of European Council: () YES () NO

Professional Qualifications: *(Courses of relevant training attended and names of Schools)*

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Professional Associations you belong to:.....

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Please enclose copies of your professional diplomas/certificates, telephones/e-mail information of your College/Schools attended, a copy of the first page of your passport plus €100,00 Euro, as Direct deposit to Association Bank Account No. CYPRUS BANK : 357002752234
(Please enclosed a copy of your evidence of payment).

LEGAL DECLARATION I agree to this Registration and yearly subscription details herein and I wish to register as a Full Member of the above mentioned Association. I understand that the Association's Certificate issued to me can be withdrawn at any time if the relevant member is not abiding the Code of ethics and regulations of practice.

For assistance please conduct: Andria Panayiotou (N.D)- 99-527089, or Diana Xenii (N.D) -99-341101

Signature of Applicant:.....

Date of Application:.....