		lembership application	Membership no. Signature To be completed by the Swedish Association of Professional Body Therapists
Kroppsterapeuternas Yrkesförbund			
1.	Application for membership as	 Student – I will complete my Active – self-employed Active – employee 	Campaign code
2.	Membership start date: :	e calendar year.	
3.	I will pay my membership fee by Direct debit (monthly, authorisation enclosed)* (<i>the direct debit mandate can be downloaded from www.kroppsterapeuterna.se</i>)		
4.	Personal information		Personal ID no
		Town/City	_
5.	Company details * *		
	Company name		
	Visiting address		
	Post code	Town/City	E-mail
	Website		Work phone
6.	Education (in progress or completed).)	
	Profession	Institute	Training period
7	Insurance		
7.	 I require the Association's Basic Insurance. I require the Association's Plus Insurance (must hold Basic Insurance). I require the Association's Supplementary Insurance. I am employed and my employer will pay for Treatment Injury Insurance on my behalf. My employer has taken out insurance on my behalf through Nordic Gruppförsäkring. I am insured by another company and have enclosed a copy of my insurance certificate. I would like to be contacted about the Association's Employer Insurance. 		
8.	Applicant's signature		

I have read the regulations and ethical rules of the Association and hereby undertake to be a member for one calendar year.

* 6-month invoicing is available in exceptional cases. The direct debit option is not available to students, professionals holding insurance with another company or members who are not professionally active.

** All active members will be marketed under www.kroppsterapeuterna.se/bokatid. If you do not want to take advantage of this membership benefit, contact the secretariat at info@kroppsterapeuterna.se.

How to complete your application:

- **1**. Specify the type of membership for which you are applying.
- **2.** Specify the date on which you want your membership to begin. Please note: memberships cannot be backdated. The earliest date your membership can begin is the date on which your application is received by the Association.
- Direct debits will be deducted from your account 12 times a year The membership fee will be invoiced separately once a year and applies only to active professional members.

NB: A completed direct debit mandate must be enclosed with the application. This is available for download from the Association's website.

- 4. Enter your personal details here.
- **5.** Specify information about your company. If you do not currently have all the relevant information on hand, this may be provided at a later date.
- 6. Specify which training courses you have completed or details on the course you are currently taking (student membership).All training must be evidenced by a copy of your relevant diploma certificate.
- 7. Your membership includes the Basic insurance package. Being insured is a mandatory requirement for all members, irrespective of whether you are self-employed, a student or an employee. If you have taken out insurance with another company, we want the details, which is why we ask you to enclose a copy of your insurance certificate with your application. You may also take out our supplementary Plus insurance, which provides coverage for periods of time

you are unable to work due to illness or redundancy, and our Supplementary insurance, which provides coverage for services you may want to add to your professional offering such as acupuncture, skin care therapy, etc. If you are an employer, you have the option of taking out our employer insurance. For more information about our insurance policies, take a look at our website.

8. Applicant's signature. Please note: as a member you undertake to maintain your membership for an entire calendar year and confirm that you have read and understood the Association's regulations and ethical rules. Any request to cancel your membership must be made in writing by either 30 June or 31 December. For more information about making changes to or cancelling your membership, visit *www.kroppsterapeuterna.se.*

E-mail or post your application to:

Kroppsterapeuternas Yrkesförbund Sankt Paulsgatan 22 C SE-118 48 Stockholm E-mail: info@kroppsterapeuterna.se Telephone +46 (0)8 32 80 00

Remember to include copies of your certificates and diplomas with your application.

