

APPLICATION FORM FOR STUDENT MEMBERS



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 note that the membership year starts September 1st. The annual fee is £40.00. New applications received after February 1st pay only half the fee for that year.

I certify that the information given here is correct and that I have read, and agree to abide by, The Code of Conduct.

I am confirm that I am attending a KF recognised kinesiology training with a KF recognised Instructor and I understand that I may only remain a student member for a maximum of five years.

I understand that I should obtain appropriate insurance cover and that I am not allowed to charge a fee, although a donation can be accepted. I understand that that I must not claim to be qualified to practice or use the KF reference on any printed material.

I understand that on completion of assessment in Foundation and Advanced Kinesiology I must apply for up-grade to KF Associate status.

Signature _____ Date _____

Enclosed

Cheque £40.00
Half Fee £20.00 after 1st Feb

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