

**APPLICATION FORM FOR
TOUCH FOR HEALTH MEMBERS**



Forename _____	Surname _____
Mr/Mrs/Miss _____	Date of Birth _____
Address _____ _____	
County _____	Country _____
Postcode _____	
Tel No (1) _____	Tel No (2) _____
E-Mail _____	Website _____
Course Instructor _____	

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 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.

Signature _____ Date _____

Enclosed

Photocopy of Touch for Health certificate or log book
Cheque £40.00 *Half Price after 1st Feb*

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Tel No. 0845 260 1094 e-mail: kfadmin@kinesiologyfederation.org
Website: www.kinesiologyfederation.org