



Application for Membership

Full name (with title)

Organisation

Job title

Correspondence address [please indicate whether work or home address (delete as applicable)]

Tel

Fax

Email

I attach a cover letter giving details of my experience and qualifications in the field.

I enclose a cheque made out to 'FDAP' to cover the annual membership fee plus £10 initial joining fee. [The standard rate is £95 (£85 subs plus £10 joining fee) - for retired practitioners and those practising on an unpaid basis the rate is £50 (£40 subs plus £10 admin).]

I enclose a letter from a referee vouching for the accuracy of the information provided here. [Note: applications without a reference will be rejected.]

I confirm I will abide by the association's code of practice. [See under 'standards' at www.fdap.org.uk]

I would / would not like to appear in the on-line directory of practitioners.

Signature **Date**

NB If you were introduced to the association by an existing member, please give their name and membership number here:

Please return your completed application to: FDAP, 18 Gainsborough Road, Winthorpe, Newark, Notts NG24 2NN.