UK Association for Humanistic Psychology Practitioners

**UKAHPP Associate Member Application Form**

**Full Name**  .........................................................................................................................

**Home Address** ...................................................................................................................

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**Telephone No**..........................................**Mobile.**..................................................................

**Email**.......................................................................................................................................

**Date of Birth**...........................................................................................................................

**Nationality**..............................................................................................................................

**Membership of other Professional Bodies** – please give membership details.

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**Previous applications to UKAHPP** - stating the years and membership categories for which applied ………………….........................................................................................................

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I wish to apply for Associate Membership in the category indicated and I agree to abide by the UKAHPP Code of Ethical Principles:

**[ ]** Non-practitioner (£80 per year**\***)

**[ ]** Trainee working toward a recognised Humanistic qualification (£60 per year**\***)

**[ ]** Practitioners who do not qualify but are working toward UKAHPP registration –

 a registration application must be submitted within 12 months of applying (£105).

**\****Please tick one box only and include a cheque for the amount stated. Members are encouraged to pay by direct debit, please email for a form).Your application should include the annual membership fee (cheque payable to “UKAHPP”), which is subsequently payable in January each year. After 1 August, half the annual fee is payable. We will normally respond to your application within 10 days (the cheque will be returned if it is unsuccessful.*

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Send your application to:* UKAHPP, Box BCM AHPP, London WC1N 3XX**

Enquiries: 08457 660326 admin@ahpp.org[www.ahpp.org](http://www.ahpp.org) May 2017