

AACP LIMITED

Southgate House
Southgate Park
Bakewell Road
Orton Southgate
Peterborough
PE2 6YS

Telephone: 01733 390 007
Fax: 01733 390 057
E-Mail: sec@aaccp.uk.com



20/02/09

ACUPUNCTURE ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS APPLICATION FOR MEMBERSHIP

Membership of the AACP is open to Chartered Physiotherapists practising Acupuncture and practitioners attending the AACP 80 hour Foundation Acupuncture Course

AACP is the largest Clinical Interest Group within the UK with over 6000 members practicing acupuncture within physiotherapy in the NHS and private practice.

Physiotherapists training to use acupuncture are required to consolidate their learning between course parts and may need blood donor certificates. Students who work in private practice have limited, if not any access to academic databases. In providing students with every opportunity to incorporate clinically reasoned, evidence based and integrated models into their practice AACP aims to continue to encourage and support the process of raising educational standards.

As a participant on an AACP 80 hour Foundation Acupuncture Course you are invited to join AACP as a Student Member; however it is not compulsory.

If you join AACP as a Student Member you will be issued with an AACP membership number allowing full access to the member area of the AACP website, a blood donor certificate booklet and copies of the Journal of the Acupuncture Association of Chartered Physiotherapists. Your Student Membership status will only be valid for the period you are undertaking the AACP 80 hour Foundation Acupuncture Course. Once you have received a pass notification for the Foundation Course from your tutor you can then join the AACP as an Accredited Member. Providing you join AACP immediately after successfully completing the Foundation Course, the £20 student membership fee will be offset from the full joining fee of £80 and your membership status will be uplifted to Accredited. Your annual renewal subscription fee will then continue according to your renewal method preference, details of which will be sent when you become an Accredited Member.

Good luck with your course, enjoy the experience and we hope to hear from you soon.

Ian Brooke

Chief Executive, AACP

**ACUPUNCTURE ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS
APPLICATION FOR STUDENT MEMBERSHIP**

Title	<input type="text"/>	CSP Registration No,	<input type="text"/>
First Name/s	<input type="text"/>	HPC Registration No.	<input type="text"/>
Surname	<input type="text"/>		

Practice/Work Address
(Appears in the public register unless you opt out, see section 2)

Correspondence Address (if different)
(Used for all AACP correspondence)

Address Line 1	<input type="text"/>	Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>	Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>	Address Line 3	<input type="text"/>
Town	<input type="text"/>	Town	<input type="text"/>
County	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Contact Phone No.	<input type="text"/>	Contact Phone No.	<input type="text"/>
E-Mail address	<input type="text"/>	E-Mail address	<input type="text"/>

Joining Fees

Student Members

The subscription for membership under this category will be £20 payable by cheque or credit card. If you then chose to uplift your membership to accredited status the cost for the 1st year as an accredited member will be £60. The usual fee is £80 but the £20 you have already paid will be offset against this. The annual membership fee will then revert to the full cost of annual membership according to your renewal method.

I enclose a cheque (made payable to the AACP) Please tick

or

I will telephone the office to pay by card.
(If you do not contact the office within 14 days, your membership application may be declined).

Send your fully completed application to the address at the top of this letter. You will be contacted if we have any questions about your application. As soon as your application is accepted and full payment received you will be sent confirmation of your status as a Student Member of AACP.

I agree that my name be passed to carefully selected medical/therapeutic suppliers Tick if you agree

Signed.....Date.....