

Membership Form



The International Society for Bioregulatory Medicine

Title	First name	Second name
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Address

Telephone e mail

Professional insurance details
Insurer's name, Licence number

Postqualification professional development (courses, seminars) CPD or non CPD

Bioregulatory Medicine Courses or Seminars

Further interest in Bioregulatory medicine
Indicate area of your interest and/or specialisation

Lecturing for the Society please tick off
(Indicate area of interest for lecturing) YES NO

Indicate area you feel that you can give an expert opinion

Would you consider publishing articles in the Society newsletter and Journals? YES NO
(Indicate area of interest for writing)

Would you like to be on a public register of Bioregulatory Practitioner? YES NO

Your membership entitles you to:

1. Use MISBM after your name
2. Lecture and publish at the Society Courses and Journals on Invitation
3. Invitation to Society's Conferences, seminars and meetings
4. CPD and postgraduate courses for membership
5. Public register and referral scheme of the Society

Payment details Annual membership fee is £ 100 (GBP)

cheque Cheque payable to ' Biomedic Foundation - ISBM'

credit card

Card Type _____ Card number _____
Expiry date _____ issue number (Switch/Masters) _____

standing order

Your Bank name _____ Your Bank Sort Code _____ --- _____ -- _____
account number _____
Your Bank Address: _____

I Authorise standing order payment to Biomedic Foundation and debit of £ 100.00 annually on the date below
Your Signature _____ date _____

Please fill in application and e-mail or post it to the treasurer, 23 Manchester St., London W1U 4DJ, United Kingdom