



www.BCMA.co.uk

British Complementary Medicine Association
The International Network of Practitioners
Promoting Professionalism, Protecting the Public
27 OLD GLOUCESTER STREET, LONDON, WC1N 3AX

0845 345 5977 office@bcma.co.uk



BCMA Practitioner Register Application Form
Please complete in block capitals with a black pen

BCMA Member Association

Practitioner Name..... Membership no.
(as you would like it to appear on the certificate) (with the association above)

Address

Town..... County

Postcode Email.....

Telephone Number Mobile

Website

The details above may be used for referral purposes by the BCMA -

On the BCMA Website **Yes No**
(Please circle your preference - your details will include County, Town, and contact info from above)

Signed..... Date.....
(Practitioner)

We confirm the above as a member of our association with insurance cover for the following therapies –

.....
We enclose the fee of £40

Signed by Date.....
(Association/School Rep)

Print Name..... Position Held.....

On receipt of this application the practitioner will be placed on the BCMA Practitioner register and receive a membership pack including Certificate of BCMA Membership and Registration card with their BCMA practitioner register membership number.

You should not send this direct to the BCMA **please include your insurance details along with your application to the relevant Association**. Please note we require 4-5 million insurance cover and suggest either Holistic Insurance Services or Balens.

We have recently updated our privacy policy which can be found on the website or provided on request, but rest assured your information is treated with respect and care, (the BCMA do not supply your details to anyone other than your website listing – if you have consented to that on your application) and will only contact you with relevant news and information.

BCMA Practitioner Register Website Listing Form
Please fill in your details below clearly in black ink and printed capitals

Country _____

County _____

Town/Area _____

Postcode (first part only i.e. BH8) _____

Name _____
(as you would like it displayed)

BCMA member organisation/school

Telephone number for display on website _____


Email Address _____

Your Website _____

Therapies for which you are fully qualified and insured and sponsored by the above BCMA Association/School.


Any other therapies should be marked as independent below and copies of your qualifications and insurance must be included for these and sent to the BCMA office

Example of listing



Bracknell RG12
Brittany Spence
Member of the Association of Physical and Natural Therapists
Tel: 07724 728236

Brittany's Therapies:
Therapeutic Massage, Remedial Deep Tissue
Massage, Body Realignment



[See Map](#)

EMAIL WEBSITE

Please send a profile picture or URL of your picture if you would like it included to
tracy@bcma.co.uk