

Application to Join the GCMT Register

Applications open to all qualified Massage Therapists who are currently full members in the Massage Section of a Full Member Association of the GCMT – see list of Council Members www.gcmt.org.uk/work_members.asp

Surname:	Fore Names:	Title:
Full Address:	Tel:	
Post Code:	Fax:	
Your Association:	Email:	
Membership Renewal Date:	Membership No:	
Are you currently insured: YES or NO	Insurance Company:	
Amount of Insurance Cover: £	Insurance Renewal Date:	
Do you wish to be included on the Website Register? YES or NO	Special Instructions: <i>(e.g. All clients / Men only / Women only etc)</i>	
Signed All information contained in this document is correct.	Date	

Please remember to **include** your cheque for £10.00 payable to GCMT, copies of your *current* Massage Therapy Certificates, Insurance Certificate and Association Membership Certificate.

We anticipate your inclusion on the Register within 30 days subject to confirmation from your Association

As GCMT is a “not for profit” organization there will be no refund of any subscription.