

APPLICATION FOR MEMBERSHIP OF THE McKENZIE INSTITUTE MECHANICAL DIAGNOSIS AND THERAPY PRACTITIONERS 'MIMDTP'

1.	NAME	First		Surname	
-----------	-------------	-------	--	---------	--

	ADDRESS		
	[BLOCK		
	CAPITALS		
	PLEASE]		Post Code

	TELEPHONE	Business		Private	
--	-----------	----------	--	---------	--

	UK RESIDENT	Yes/No	
--	-------------	--------	--

2.	PROFESSION	
-----------	-------------------	--

3.	QUALIFICATIONS
-----------	-----------------------

	Degree/Diploma/Certificate in	
	Year	Location

4. McKENZIE INSTITUTE COURSES ATTENDED:
Attach copies of certificates of attendance.

Course	Location	Instructor	Dates: From - To
--------	----------	------------	------------------

	Part A
--	--------

	Part B
--	--------

	Part C
--	--------

	Part D
--	--------

5. CATEGORY OF MEMBERSHIP BEING APPLIED FOR.

ASSOCIATE GENERAL (Circle one only)

Applicants for *General Membership* must enclose photocopies of their Credentialling and/or Diploma certificates and write their professional address and telephone number for inclusion in the Register (if different from above) in block letters on the back of this form.

6. MEMBERSHIP FEE FOR (Commencing **1st. June** each year).

2001 - 02
(£25.00)

2002 - 03
(£25.00)

NB. Please make cheque/money order in Sterling payable to "McKenzie Institute UK" for *each year* you are subscribing to. PLEASE NOTE - Those who subscribe, *in advance*, for the next financial year to the current will not receive their first Newsletter until JULY.

To be sent to: **THE TREASURER, THE McKENZIE INSTITUTE (UK)
HILL FARM BARN, BRUERN ROAD, MILTON-UNDER-
WYCHWOOD, OXON OX7 6HB**