**Section A: Annual Membership Application**

Name:

Address:

Occupation:

Phone number:

Email:

Please indicate in the category of Membership:

General (Practitioner/Teacher) - $75  
Student/Concession - $35

Affiliate Member - $35

|  |  |
| --- | --- |
| I undertake to comply with TTAA Code of Conduct and Ethics… | Yes / No |

|  |  |
| --- | --- |
| Have you had any training in Therapeutic Touch (Krieger/Kunz method)? | Yes / No |

If *Yes* then please complete the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Training details:*** | ***Teacher:*** | ***Dates:*** | ***Total Training Hours:*** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

How do you use Therapeutic Touch? *Please circle the areas that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
| Self | Family & Friends | Professional practice | Teaching TT |

List any other qualifications/training including complementary therapies & year trained:

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Signature of Applicant Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_