



Student Membership Renewal Form 2010-2011

INDEPENDENT PROFESSIONAL THERAPISTS INTERNATIONAL

IPTI P O Box 106 Retford DN22 1WN Tel : 01777 700383/703177 Fax : 01777 869429 E.mail enquiries@IPTIuk.com

Name Membership Number

Address

..... Post Code

Telephone (Home) Email

Please confirm the date that you expect to complete your course

DECLARATION MUST BE SIGNED AND DATED BY ALL APPLICANTS

I Declare that there have been no claims made against me in relation to my professional work, nor am I aware of any circumstances that could give rise to such claim or claims.

I also declare that to the best of my knowledge and belief the information given on this form is true in every respect.

Signature Date

In completing this proposal you must disclose all material facts i.e. those which an insurer would regard as likely to influence the assessment or acceptance of the risk, failure to do so could invalidate the insurance or your cover may not protect you in the event of a claim. If you are in any doubt as to what facts are material, you should, for your own protection, disclose them.

MEMBERSHIP

IPTI Student Membership

1st March 2010 - February 28th 2011 £65.00

Including £27.00 Insurance Premium and £1.35 Insurance Premium Tax

The insurance cover is at an indemnity of £1,000,000 and is underwritten by Novae Underwriting Limited underwriting for certain underwriters at Lloyd's.

Cover is arranged through DSC Insurance Services, DSC Insurance Services is a trading style of DSC-Strand Ltd which is authorised and regulated by the Financial Services Authority with FSA reference number 310238.

Upon completion of your course please return your original student registration form with part 3 completed and a copy of your qualification and you will automatically be upgraded to full membership status and issued with a practitioner certificate of insurance for the remainder of the year.

The cost of full membership for the year is currently £95.00, giving you a saving of £30.00

£

IPTI MEMBERSHIP BADGE £6.00

£

TOTAL FROM SECTIONS 1, 2 & 3

£

ACCOUNT CREDIT / DEBIT Please add or deduct this amount as appropriate

+/- £

TOTAL AMOUNT PAYABLE Please make cheques payable to I.P.T.I.

£

PLEASE RETURN COMPLETED FORM
WITH YOUR REMITTANCE TO
IPTI, PO BOX 106, RETFORD NOTTS DN22 1WN

If you have already completed your course please download a copy of the Membership Renewal Form!

ALL INSURANCE EXPIRES ON 28TH FEBRUARY 2011

IPTI is authorised and regulated by the Financial Services Authority - Authorised Firm - No 312694