



# B.E.T.A. Bio Energy Therapists Association

## Application Form Membership No.

Membership type (please tick):  New member  Renewal member  Associate (non-practicing) member

Qualification status (please tick):  Qualified Therapist  Student

Name of Bio Energy Diploma Training School:

Date Diploma as a qualified Bio Energy Therapist completed:

Date Bio Energy Diploma Training course started (if a student):

### Member contact details

Name:

Postal Address:

Phone:  Mobile:

Email:

### Insurance company details:

Name and address:

Insurance Policy Number:  Policy dates:

**Note: To be an advertised member of BETA you must have current Professional Liability Insurance**

### Website details for public display

Address:

Tel.:  Mobile:

Email:

Website:

Profile to be included on website:  Yes  No

Please forward a photo and profile with your application to [betabioenergy@gmail.com](mailto:betabioenergy@gmail.com) for display on the BETA website

**Note: Diploma Level Qualified insured members only will be displayed on the BETA website.**

**Payment details** The annual fee 2023/2024 is €30.00 and can be paid online **click here**, or PayPal to [betabioenergy@gmail.com](mailto:betabioenergy@gmail.com)

**or by Bank Transfer (include name as reference to BETAAssociation AIB, Morehampto Road, Donnybrook, Dublin 4**

BIC: AIBKIE2D IBAN: IE51AIBK93103926521188

### Forwarding supporting documentation checklist

Copy of Diploma (new member)  (Scan or photograph your document to [betabioenergy@gmail.com](mailto:betabioenergy@gmail.com))

**CPD Log** Members to maintain an annual personal CPD log. 100 credits required. See website **here** for further details.

Member Declaration: I agree to maintain an annual CPD Log (renewal members) Yes No

**Data Protection** Please visit our website **here** for full details

**To complete this form:** You can enter text in the applicable boxes. Save your completed form and email [betabioenergy@gmail.com](mailto:betabioenergy@gmail.com). Or you can print, complete, attach to an email and send to [betabioenergy@gmail.com](mailto:betabioenergy@gmail.com).

*I have read, understand and accept the Privacy statement of B.E.T.A. I agree to be bound by the rules and code of ethics of the Bio Energy Therapists Association and I certify that the above information is true.* Yes No

Member signature:  Date:

**SUBMIT FORM TO [betabioenergy@gmail.com](mailto:betabioenergy@gmail.com)**