

Pilates Teacher Association application for membership

Name:				
Address:				
Town/City		County/State		
Postal/Zip code		Date of birth:		
Tel: - work				
Tel: - mobile/cell				
email:				
Web		Facebook		
Twitter		Linked in		
Which membership do you wish to apply for? Please tick one box. Student members do not have to provide any certificates. If you have certificates relating to Teaching, Pilates or anatomy and physiology you may include them.				
I wish to apply for membership in the following category.	FULL	ASSOCIATE	MATWORK	STUDENT
For all <i>teaching applications</i> please state the name of the training school/s from whom you received your training.				
QUALIFYING SCHOOL:				

Please tick the relevant sections and enclose photocopies of certificates as evidence.

MEMBERSHIP CATAGORY	FULL	ASSOCIATE	MATWORK	STUDENT
Comprehensive Pilates award (min. 450 hours)				
Apparatus award				
Matwork award(s)				
Fitness industry awards				
Anatomy and Physiology				
CPD last 2 years				
First aid award				
Insurance certificate				

I (please insert full name) wish to apply for membership of The Pilates Teacher Association and all evidence provided is my own. I also confirm that I have read and will fully comply with the Scope of Practice, Code of Conduct and Ethics relative to my category of membership.

Signed:

Date:

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FOR OFFICE USE ONLY

Date received and acknowledged	Evidence cross-checked	Accepted	Referred	Acceptance Packet sent	Referral letter sent	Entry on register	Web entry