

PILATES TEACHER ASSOCIATION APPLICATION FOR MEMBERSHIP

NAME				
ADDRESS				
TOWN/CITY	COUNTY/STATE:			
POSTAL ZIP CODE	DATE OF BIRTH:			
TEL WORK				
TEL MOBILE/CELL				
EMAIL				
WEBSITE	FACEBOOK:			
TWITTER	LINKED IN:			
INSTAGRAM				
PLEASE MARK WHICH MEMBERSHIP CATEGORY IS MOST APPROPRIATE FOR YOU AND PROVIDE DOCUMENTS AS DETAILED BELOW TO SUPPORT YOUR APPLICATION. PLEASE DETAIL THE NAME OF THE TRAINING SCHOOL WHICH PROVIDED YOUR TEACHING CERTIFICATE AND IS CURRENT FOR INSURANCE PURPOSES. STUDENT MEMBERS DO NOT HAVE TO PROVIDE ANY CERTIFICATES				
I WISH TO APPLY FOR THE FOLLOWING MEMBERSHIP CATEGORY	FULL	ASSOCIATE	MAT	STUDENT X
COMPREHENSIVE PILATES AWARD (MIN 450 HOURS)				
APPARATUS CERTIFICATE				
MAT EXERCISE CERTIFICATE				
FITNESS INDUSTRY CERTIFICATE				
ANATOMY AND PHYSIOLOGY				
LIST OF CPD LAST 2 YEARS				
FIRST AID AWARD				
INSURANCE CERTIFICATE				

I (PLEASE INSERT FULL NAME IN CAPITALS)
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:

DATA PROTECTION: PILATES TEACHER ASSOCIATION LIMITED DOES NOT SHARE ANY DATA WITH ANY THIRD PARTY. WE PUBLISH A PUBLIC REGISTER OF TEACHING MEMBERS. PLEASE ENSURE THAT THE DATA DISCLOSED TO US IS UP TO DATE FOR PUBLICATION AND NOTIFY US OF CHANGES. WE WILL KEEP YOU UP TO DATE ON EVENTS AND INFORMATION APPROPRIATE TO OUR INDUSTRY. PLEASE TICK THE UNDERNOTED BOXES TO ENSURE THAT WE KEEP IN TOUCH WITH YOU:

YES I CONFIRM THAT I WISH TO BE CONTACTED BY PILATES TEACHER ASSOCIATION BY EMAIL/SMS AND OTHER ELECTRONIC MEANS

NO PLEASE SO NOT CONTACT ME

FOR OFFICE USE ONLY							
Date received	evidence	accepted	referred	Fee received	Logo sent	Entry on register	Web entry