

Kia Ora! Healthy Living for People with Special Needs

Health Professional Membership

Acceptance of an application for membership does not imply any endorsement or accreditation by Kia Ora! Please complete the form in black ink and return it, with your equal opportunities policy and remittance, to the address at the bottom of the form.

Name _____		
Address _____		
	Post Code	
Tel (Incl. STD Code) _____	Email _____	

Name of Registered Body _____		
Registration/Membership Number _____		
Professional Qualifications	University or Institution:	Year Qualified
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please give details of:	
Length of time practising _____	at what level _____
Name and Address of Last Practice employed at _____	

Please indicate the member benefits that you would like to receive:	
<input type="checkbox"/> Entry onto our Health Professionals database and Health Professionals annual list for members.	
<input type="checkbox"/> Opportunities for project work and research contracts through Kia Ora's Vacancy Listing	
<input type="checkbox"/> Opportunities to apply for funding for research projects in conjunction with Kia Ora!	
<input type="checkbox"/> Reduced rates for events, seminars, and publications	
<input type="checkbox"/> Copy of Kia Ora! biannual newsletter	
<input type="checkbox"/> Copy of annual report	
<input type="checkbox"/> Ability to vote at Kia Ora's AGM	
<input type="checkbox"/> Certificate of Membership	

- I agree to abide by the code of ethics and professional standards set by Kia Ora! and by the Institution(s) which I am registered with.
- I am willing to have my contact details passed onto other members who may wish to contact me, & I wish to be included in any Directory of Health Professional Members that Kia Ora! may publish in the future either in print or on the internet. Please note that this charity does not sell personal data.
- I want Kia Ora! Healthy Living for People with Special Needs to receive tax relief on my subscription fee and to treat all donations I make from the date of this declaration until I notify you otherwise as gift aid donation. I understand I must be paying at least as much income or capital gains tax as the charity reclaims on my donation in the tax year currently 28p for each £1 I give). I confirm I am a UK taxpayer.

Signature _____ Date _____

I have enclosed;

- a cheque payable to Kia Ora! for £35,
- photocopies of my qualifications and registration certificates.

Post to:

Membership

Kia Ora! Healthy Living for People with Special Needs
51 Forest Court, London E11 1PL

Registered Charity Number: 1104486