

MEMBERSHIP APPLICATION FORM

*This form is specifically for either qualified Allied Health Professionals or people working as assistants/technicians within those professions. If you do not come under these categories please request an **ASSOCIATE APPLICATION FORM**.*

Please complete using BLOCK CAPITALS. Please tick boxes as applicable

NEW MEMBER **RENEWAL**

Title: Mr / Mrs / Miss / Ms / Dr / Prof*

Surname

Forename(s)

Mailing address

Postcode

Telephone Home/Work*

Mobile**

Email**

Profession

Workplace

Speciality**

Church**

How did you hear about CTN?

*Key: *delete as appropriate **optional*

There may be times when it may seem appropriate to pass your details onto someone else. Please indicate here if you do not want your details passed on.

Would you be willing for your details to be given to:

Students on placement in your area

Other Christian AHPs in your area

Would you like any of the following resources?

Being a student placement contact leaflet

Taking Therapy Overseas booklet

Regular Overseas vacancy Bullitins

Regular CTN prayer bulletins

Personal Member's declaration

'I am in sympathy with the aims of CTN. I declare my faith in God the Father and in God the Son, the Lord Jesus Christ, Who is my Saviour, and in God the Holy Spirit. I accept the Bible as the supreme authority in matters of faith and conduct.'

I enclose:

£12 Full Membership

£6 Discounted Membership (available if you are unpaid, retired or working in mission setting overseas).

A donation of £ ____ towards the work of CTN.
Cheques payable to "CTN"

Member's Signature

Date

Send the completed form to:

CTN, 6 Lambourne House, Mallow Road, Hedge End, HANTS, SO30 4TQ

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