

Application for Full Membership of the Equine Podiatry Association (UK)

Title: _____ Full Name: _____	
Address: _____ _____	
Postcode: _____	
Phone: _____	Mobile: _____
Fax: _____	Email: _____

The annual membership fee should be submitted with this application. Subsequent membership fees will become due on the anniversary of the date the member was accepted into the Association. The annual membership fee for Full Members is currently £90. Please make cheques payable to The Equine Podiatry Association (UK).

Qualification in Equine Podiatry: _____
Awarding Institution: _____ Date acquired: _____

I hereby apply for membership of the Equine Podiatry Association (UK) and agree to abide by the Memorandum and Articles and all Rules and Bye Laws of the Association. I understand that the information I have provided above will be entered onto the Register of Members of the Association and some or all of that information may be published by the Association.

Signed: _____ Date: _____

Please return completed forms to: Justine Jenkins, Association Secretary, EPA
Cwmllechwr Farm, Glynhir Road,
Ammanford, Carmarthen, SA18 2TB