

**Application for Associate 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 as an Associate Member. The annual membership fee for Associate Members is currently £20. **Please make cheques payable to The Equine Podiatry Association (UK).**

I hereby apply for Associate 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.

Signed: _____ Date: _____

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