

I have read and understood the code of ethics, code of conduct and the constitution of The International Association of Natural Medicine. I acknowledge that as a practitioner of Natural Medicine, I shall be bound by my obligations to the association and shall endeavour, at all times, to uphold the name and spirit of the association.

I hereby agree to pay my annual fees as and when requested.

Signed:.....

Dated:.....

Registered Office:
The International Association of Natural Medicine (IANM)
446 East Park Road,
Leicester
LE5 5HH
UK

For office use only

Application received by.....

Date.....

Decision of the executive committee.....

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Date.....

Signed.....