



APPLICATION FORM FOR MEMBERSHIP OF THE INSTITUTE OF REGISTERED
VETERINARY AND ANIMAL PHYSIOTHERAPISTS. www.irvap.org.uk

Name:

Correspondence address:

Qualifications:

E-mail address:

Contact telephone number:

Do you want an entry on the website (not for student members)? YES NO

Geographical area	Mobile telephone	Landline

Please list a nominator and seconder for your application (leave blank if renewing):

Nominated by:

Seconded by:

Membership fees:	Member plus insurance :	£244.77
	Member with own insurance :	£50.00
	Associate :	£25.00
	Retired :	£20.00
	Student :	£10.00

Please attach copies of all relevant certificates of education. VPs who already have insurance join as Members for £50 but need to supply a copy proof of liability insurance.

Can IRVAP check your insurance cover (circle answer): YES NO

All your data will be held in accordance with the Data Protection Act 1998. Please complete the form, and post together with your CV, certificates, and a cheque payable to "IRVAP Members Account" for the membership fee to:

Mr R Payne MRCVS (IRVAP)
7 Charnwood Ave
Thurmaston
LEICESTER LE4 8FL