

**THE INTERNATIONAL SCHOOL & ASSOCIATION OF**  
**AMATSU JAPANESE INTEGRATED MEDICINE**



**ASSOCIATE MEMBERSHIP APPLICATION FORM**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Qualifications

Please state any relevant qualifications held:

Reasons for applying for membership:

Please state if you are a member of any other associations or governing bodies:      YES      NO  
Please provide details:

Applicant Declaration:

As an Associate Member I agree to the following requirements:

- I understand that all materials I am allowed access to are copyright protected and are not to be disseminated, distributed, published or broadcast anywhere or in anyway (including social media) and are for your personal use only.
- I am aware that Membership Fees are non-refundable

I (full name) \_\_\_\_\_ make application to become an Associate Member.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\* Completed forms should be emailed to [japaneseintegratedmedicine@gmail.com](mailto:japaneseintegratedmedicine@gmail.com)

\* PLEASE ALSO SEND A PHOTO OF YOURSELF (selfie/headshot)

\* Once your application is approved you will be sent an email regarding payment of your membership fee.

\* Once your membership payment has been received you will be sent log in details which will allow you to access the Associate Member page content on our website.