



BRITISH COMPLEMENTARY MEDICINE ASSOCIATION

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Website www.bcma.co.uk

Email: office@bcma.co.uk

BCMA CLINIC/CENTRE WEBSITE LISTING

Please complete this form for your Website listing on our member's page and therapy pages for your clinic/centre.

Name of clinic/centre _____

Address _____

Address line 2 _____

Tel. No. For membership enquiries _____

Office hours (when phone is manned) _____

Tel. No. For Public Enquiries _____

Office hours (when phone is manned) _____

Fax Number/s _____

Website Address _____

(Please remember to make a reciprocal link to the BCMA)

Email Address _____

Therapies that you represent _____

(These are the pages where your details will appear as well as on the member's page)

Please return this with your application form to avoid delays in your listing.