

BCMA Practitioner Register Website Listing Form

Please fill in your details below clearly in black ink and printed capitals

Country _____

County _____

Town/Area _____

Postcode (first part only i.e. BH8) _____

Name _____
(as you would like it displayed)

BCMA member organisation

Telephone number for display on website _____

Email Address _____

Your Website _____

Therapies for which you are fully qualified and insured and sponsored by the above BCMA organisation.

Any other therapies should be marked as independent below and copies of your qualifications and insurance must be included for these and sent to the BCMA office

Example of listing

<p>County Town BH8(listings done in postcode order under county) <i>Name</i> <i>Member of the (BCMA Member organisation)</i> <i>Telephone Number</i> <i>Email</i> www.website.com</p>	<p>Therapies Independent Therapies</p>
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