

1. Your full name and details:

Full Name: _____
 No.: _____ Street _____
 Suburb: _____
 State: _____ Post Code _____

2. Contact Details:

During Business Hours: _____
 After Hours: _____
 Mobile: _____
 Email: _____
You must provide a current email address
 Web site: _____

3. Practice Details:

*Do you agree to have your name, Town/Suburb and phone no. published in the BTFA referral list on the website? **Yes No***
If yes, indicate the area(s) and phone number(s) where you practice, if more than one, write further details on bottom of sheet

Site Name (e.g. Better Therapy Clinic Allendale)

 No: _____ Street _____
 Suburb _____
 State _____ Post Code _____

4. Membership Certificate:

Enter your name as you would like it to appear on your Membership Certificate:

5. Please list all Bowen training relevant to this application:

College or School Name	Level Attained	Date Completed

6. Supporting Documentation required with this Application:

1. Certified copy of Diploma in Bowen Therapy
2. Evidence of completion of 500 hours documented treatments (see **Note 1**)

Note 1: A Statutory Declaration is required as evidence, but records kept by the Applicant must support this. These records must be available for examination by an officer of the Federation if requested.

Signature of Applicant: _____ Date of Application: ____/____/____

Second Site Name (e.g. Better Therapy Clinic Allendale)

 No: _____ Street _____
 Suburb _____
 State _____ Post Code _____

Post your application to:
BTFA
PO Box 395 LEETON NSW 2705
 P: 1300 4 BOWEN (1300 426 936)
 E: btfa-office@bowen.asn.au
 F: 02-6953-2006
 W: www.bowen.asn.au

Cheque: Application Fee \$20 made payable to: **Bowen Therapists Federation of Australia Inc**
Bank Details: Westpac
 BSB: 033-068
 Account: 199 125