



**BEDFORDSHIRE AREA COUNSELLING AND
PSYCHOTHERAPY ASSOCIATION**
15 St Cuthberts Street
Bedford
MK40 3JB

MEMBERSHIP APPLICATION FORM 2007

Please return to:

Adrian Bickers
The Dunton Centre for Counselling and Psychotherapy
13 Church Street
Dunton
Beds
SG18 8RR

Name

Address.....

.....Postcode.....

Tel No

email

Counselling/psychotherapy employment/Practice details:

.....
.....

Professional Qualifications:

Title of qualification(s)	Awarding body	Training Organisation	Date
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Title of current training	Awarding body	Training Organisation	Expected date of completion
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..... : I work within the
Professional Body (eg BACP, UKCP etc) Code of Ethics of.....

I wish to join Bedfordshire Area Counselling and Psychotherapy Association and enclose a fee of £15.00 which I understand will entitle me to membership of the Association until 31 January 2008.

Signed **Date**

Tel: 01462 835641 e-mail adrianbickers@fsmail.net

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