

**Institute of Complementary and Beauty Therapist  
(International)**  
PO BOX 14600  
Kinross  
KY13 9WX  
Tele: 0844 5872180 Fax 0701 0728415  
Website: www.icbti.com e-mail: info@icbti.com



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**ICBTI Member Application Form**

Practitioner Name..... Credentials .....  
(As it should appear on your certificate)

Address .....

Town ..... Country .....

Post/Zip Code ..... e-mail .....

Telephone Number ..... Mobile .....

Website .....

Insurance Details ..... Renewal Date .....  
(Please provide a copy of your current Insurance certificate)

Please give details of your training and qualifications gained including names and addresses of Colleges and Training Centres. (Please sent copies of your Certificates)

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I have read the ICBTI Code of Conduct and agree to abide by their standards. I agree to be bound by all decisions, bylaws, codes, voluntary standards and practices and other policies of the ICBTI as they are now or as they may subsequently be stated.

I enclose the £35 membership fee covering 12 months membership, and understand that to remain a member of ICBTI and BCMA I must be a fully paid up member and hold appropriate Practitioner Insurance. (Cheque's should be made payable to ICBTI)

Signed ..... Date.....  
(Practitioner)

Once approved by the ICBTI you will be placed on the ICBTI and BCMA members register and receive a membership pack from both ICBTI and BCMA. This will include your membership number and Certificate.