

Friend Application Form

Thank you for your interest in becoming a Friend of the Metamorphic Association. Please complete this form and return it to us. An invoice for payment of the fee will be sent to you upon receipt of your application. **PLEASE DO NOT SEND ANY MONEY NOW.**

Category

Friend

Section 1: Personal details

Please complete in BLOCK CAPITALS:

Title First name

Last name

Address

County..... Postcode Country

Telephone Mobile 1st language

E-mail 2nd language

Section 2: Workshops

It is not necessary to have attended a Metamorphic Technique workshop in order to become a Friend of the Metamorphic Association, but if you have attended a workshop, event or share group please let us know.

Please tick your Metamorphic Technique connection:

Seen on the Association website

Seen at a festival or exhibition stand

Heard about it from a friend

Received a session from a friend

Received a session from a Practitioner

Heard a talk

Attended a group

Attended a one day workshop

Attended a 12 hour workshop

Other

Signature

I wish to become a Friend of the Metamorphic Association as per the information given above.

Signature _____ Date _____

Payment

An invoice for payment of the fee will be emailed to you upon receipt of your application.
Please do not send any money now.

Annual Fee

Friend
£ 18.00

PLEASE RETURN YOUR COMPLETED APPLICATION TO OUR OFFICE VIA EMAIL TO:

office@metamorphicassociation.net

OR ALTERNATIVELY TO THE POSTAL ADDRESS BELOW

For office use only

Application accepted by _____

Date _____

Metamorphic Association
26 York Street
London W1U 6PZ
United Kingdom

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office@metamorphicassociation.net
www.metamorphicassociation.org
Registered Charity Number 326525

