



STUDENT'S APPLICATION FORM

BENEFITS OF BECOMING A STUDENT MEMBER:

- ◆ FREE QUARTERLY NEWSLETTER ◆ FREE & REDUCED PRICE PUBLICATIONS
- ◆ REDUCED FEES FOR CPC WORKSHOPS/CONFERENCES

Surname

First Name

Address

Tel. No. (day)

Tel. No. (eve)

E-Mail

Fax No.

I certify that _____ (your name) is a student on the following course:
 _____ (Name of Course)
 _____ (Name of Institution)

And that this course requires the student to have personal individual therapy.

Signed by Course Tutor _____ Date _____

I enclose my cheque for £35 made payable to 'Counsellors in Primary Care Ltd' or
 Tick appropriate box to indicate method of payment:

We accept the following cards: Switch Delta Solo Maestro JCB Visa Mastercard

Card No:

Start Date: / Expiry Date: / Issue No: (Switch only)

Cardholder Name _____

Signed Dated

Please return your form to

CPC Reg, Queensway House, Queensway, Bognor Regis, West Sussex PO21 1QT
 Tel: 01243 870701 Fax: 01243 870702 E-Mail: cpc@cpc-online.co.uk

For Office Use Only:

Date received _____ Membership No. Allocated _____ Date certificate despatched _____

FIRST NAME

SURNAME

For Office Use Only: