

Osteopathic Performing Arts Care Association (OPACA)

[www.opaca.co.uk](http://www.opaca.co.uk/)

Membership Application Form:

PLEASE COMPLETE THE FORM AND RETURN TO THE SECRETARY AT [membership@opaca.co.uk](mailto:membership@opaca.co.uk)

1. by opening the form in Acrobat Reader completing online with “fill and sign” function and returning by email

Or b) by printing it out, scanning and returning by email

I apply for membership of OPACA. The membership year runs from 1st January to 31st December.

Annual fee:

Full membership £32 (osteopaths); Student membership £16 (student osteopaths), Associate membership £24 (other medical professionals)

NB Only full members are entitled to vote at Annual General Meetings or be listed on the Association's website.

Name:

Address:

Postcode:

Telephone Number: Mobile:

Email:

I am *(delete as required)*

* currently registered with the General Osteopathic Council: Registration Number:
* currently a student at an educational institution registered with the General Osteopathic Council: Institution Name: Expected year of graduation:
* currently a medical/health professional registered with GMC/HPC as a doctor/physiotherapist/other *(please state)* : Registration Number:

I agree to abide by the rules of the Association as determined by the Organising Committee.

Please PAY the membership fee by BACS - bank transfer to: OPACA (Osteopathic Performing Arts Care Association) Account Number: 99121131; Sort Code: 60-17-21 NB **Please** add a reference first initial and name & year (eg J Smith 20—-)

Donations gratefully received - I will make a donation of £ by bank transfer as a contribution to the running costs of the Association. Individuals who **only** wish to make a one-off donation are not bound by the requirements below.

**Membership Requirements.**

Suggest to attend a minimum of one study day per year organised by the Association *(members will pay a reduced fee for these)*

I agree that the Association may contact me at the above details.

I agree that my mobile telephone number may be included in an OPACA WhatsApp or Telegram messaging group for the purpose of disseminating information about Association activities.

Signed: Print Name:

The following information will be made publicly available on the Association's website in order to assist patients looking for osteopathic care:

*NB Once your application has been processed our webmaster will contact you to add a photo to your web listing.*

Name:

Practice Address:

Post Code:

Telephone Number:

Email: Website:

Please indicate your following areas of professional interest - these will be added to your listing on the website *(delete as required).*

Actors:

Circus Skills / Acrobats:

Dance: Ballet / Contemporary / Latin – Ballroom / Street – Hip-hop / Tap – Modern

Musicians/Singers : Classical - Folk/World – Jazz – Musical Theatre - Rock/Pop

Technical Theatre:

Other:

I am currently a member or listed as a health practitioner by the following Performing Arts Organisations *(delete as required)*:

* British Voice Association (BVA) [www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk/)
* British Association for Performing Arts Medicine (BAPAM) [www.bapam.org.uk](http://www.bapam.org.uk/)
* One Dance (formerly Dance UK) [www.onedanceuk.org](http://www.onedanceuk.org/)
* Other – please list: