MEMBERSHIP FORM
New members

International
Cranial
Association

YOUR DETAILS	Please complete	Tick if to be shown on web site
Name		☐
Practice Details for web site: Address (If you have several practices addresses for the web site, please detail overleaf)		
Practice Postcode		☐
Practice telephone number		☐
Mobile or other phone number		☐
Practice Email		☐
Practice Web site		☐
Best contact address and telephone and email for ICRA		
OPTIONAL INFORMATION Not for the register	To help ICrA promote its members as safe, effective, and competent, it would be helpful to have some further details, but these are optional	
Please indicate if you are Registered practitioner of any other therapies	Osteopathy Chiropractic Acupuncture Herbal medicine Homeopathy Naturopathy Medicine Dentistry Osteomyology Other, please specify	
Please indicate which CRANIAL TRAININGS have you taken	COET cranial module Thomas Atlee course ICrA course Michael Kern course ICrA conferences Upledger course Sutherland course Other courses, please specify	
My indemnity insurance covers cranial therapy	Yes No	
CONFIRM		
I confirm that the above information is correct	Please sign and date: I am happy for my details to be shown on ICRA web site: YES NO	

Please return the form with your subscription of £55.00 (£35 if this is your first year in practice) to the address below. Please make cheques payable to ICrA.

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