

The Guild of Pregnancy and Postnatal Exercise Instructors



MEMBERSHIP APPLICATION/RENEWAL

NAME.....	TELEPHONE.....
ADDRESS 1.....	MOBILE.....
ADDRESS 2.....	EMAIL ADDRESS.....
ADDRESS 3.....	WEBSITE ADDRESS.....
POST CODE.....	PRIVATE EMAIL (not for website).....

NEW MEMBERS ONLY – Please state your qualification(s) to teach exercise and **enclose copies of all your certificates. Please ensure correct postage on your envelope:-**

ALL MEMBERS -YOUR SPECIALISM TO BE POSTED ON THE GUILD WEBSITE: Please tick those that apply to you. You must be qualified in them. If you are a new member, or have achieved a new qualification since your last renewal, please enclose a copy of your certificate(s):

Pregnancy exercise to music	Outdoor exercise with babies in buggies
Postnatal exercise to music	Pregnancy Aqua
Pregnancy pilates	Postnatal Aqua
Postnatal pilates	Pregnancy yoga
Pregnancy fitness	Postnatal yoga
Postnatal fitness	Personal Trainer

Are you a member of any other professional organisations relevant to AN/PN exercise?
Please list:

GUILD WEBSITE LISTING – You are entitled to **one** listing on the Guild website to advertise your service. The listings are in geographical, alphabetical order by EITHER town OR county, as indicated by you. **If you leave this section blank we shall assume that you do not require a website listing**

GUILD WEBSITE PREFERENCES – **please indicate which applies to your listing:-**

I would like to be listed on the Guild website
AREA – enter town, county etc.....
Telephone number
Mobile number
Email address
Website address

GUILD E-GROUP – you will be automatically enrolled on the Guild e-group unless you indicate here
I do not want to be on the Guild e-group

GUILD NEWSLETTER – this will be sent to your email address unless you indicate here:
I am not on email and would like Scoops to be sent to me by post

CPD REQUIREMENT- A requirement of continuing membership is that at least one full day (8)hours of CPD is completed within the membership year. This must be directly relevant to pregnancy or postnatal exercise. If you are renewing your membership please enclose a copy of your CPD certificate.

I confirm I undertook my annual CPD requirement on.....and attach my certificate of attendance

I confirm that I will only teach disciplines for which I am fully qualified and insured. I confirm that I understand that any use of the Guild logo is restricted to advertising and promotion of myself as an individual instructor. I agree that I shall not use any data or information from any Guild source for any reason other than personal use by myself as an individual.

SIGNED..... DATED.....

Membership is annual from 1st June to 31st May. Full membership £35. Associate membership (no website listing) £25. Reduced fee available for new members – see website. Cheques payable to 'The Guild of Postnatal Exercise Teachers'. Send to Meg Walker, Field House, Toadsmoor, Brimscombe, Stroud, GLOS, GL5 2UL – Tel. 01453 884268