

SOUND THERAPY ASSOCIATION

WEBSITE INCLUSION FORM

www.soundtherapyassn.org.uk

If you wish to be included on the Association's online register it is a requirement of the Association that this form is completed and returned. Under the Data Protection Act we need signed consent to allow us to include your details.

To add your details to the on-line directory fill in this form including only the details you wish to be published.

I do / I do not / want my details to be published online
Please indicate your preference.

Your Name: _____

Signature: _____

ONLINE REGISTER DETAILS

First name: _____ Surname: _____

Town: _____ County: _____

Postcode: _____

Telephone number: _____

Mobile number: _____

Email address: _____

Web address: _____

