IPN Initial Contact Form (Group)

This form will ensure your group and its members are placed on the IPN list of active participants.

**Group Name:**

Is your group open to new members? Yes / No

List below the members of the group – giving the following information for each person. Please indicate who your group’s Contact Person is.

*(required)*

Name:

Email:

*(optional)*

Address:(including Post Code) :

Phone:

 Include me on the e-mail list:

My Main Practice/Orientation is:

 **Finance**

We ask for an annual contribution of £35 for each individual in the group, which will pay for your inclusion in all relevant lists, free attendance at the National Gatherings and one year of IPN Network Communication Newsletters. Would the contact person please ensure that all the group’s contributions are sent together.

**Payment Options**

*(Please indicate your choice)*

** Bank Transfer**

pay by bank transfer to; The Co-operative Bank, sort code; 08-92-99, Account; Independent Practitioners Network (Acc no.; 65154881)

**(Please include your name in the reference and let the Database Keeper know by email that you have sent a transfer):**

database.ipn@gmail.com

*OR*

** Cheque**

**Send a Cheque / Cheques payable to "Independent Practitioners Network" to the Database Keeper:**

Steph Futcher, 50 Springfield Avenue, Chesterfield, S40 1HL.