Initial Contact Form

This form will ensure you are placed on the IPN list of active participants.

Name:

Email:

 I understand that the information contained on this form will be available to all participants of the Independent Practitioners Network.

*(the following is optional)*

Phone:

Address:

Post Code:

My Main Practice/Orientation is:

 Include me on the e-mail list:

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

**Finance**

We ask for an annual contribution of £35 for each individual, which will pay for your inclusion in all relevant lists and one year of IPN Network Communication Newsletters. Attendance at the three National Gatherings held each year is free. The annual update point is in February each year.

**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 payable to "Independent Practitioners Network" to the Database Keeper**

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