



Supporting and Promoting Complementary Therapies in Ireland since 1999

FICTA Membership Application Form 201__

We are pleased to provide you with this information on FICTA membership requirements and the application form for the category of “Member”. FICTA provides separate application forms for the categories of “Associate” member and for “Education Provider” registration.

Membership Requirements

The Members of FICTA shall be those associations and federations or similar organisations of complementary and alternative therapists working in Ireland which are governed by a constitution or articles that:

- ensures members participation in the development of and agreement on policy
- maintains a register of practitioners of its therapy working in Ireland which is not limited to the graduates of any one education provider.
- supports its members with a code of ethics and guidelines on professional practice
- subscribes to and promotes the aims of FICTA
- pay the membership fee

FICTA members come from a wide range of disciplines within the CAM sector and work together in the interests of CAM in general and promote the inclusion of complementary therapies in social and healthcare services Ireland.

Two of your members may attend Committee meetings, though your association will have one vote only. FICTA will welcome other members of your association as volunteers for short term, special purpose Focus/Working Groups.

While it is the intention of FICTA to consult its members in advance of any decisions to be made on actions under consideration, it is sometimes necessary to act quickly and where time does not allow for advance notice and consultation. It is essential in such circumstance that your Delegate is mandated to vote on your behalf.

It is important that your Delegate attends FICTA meetings and keeps your members informed of FICTA activities. Your Delegate will receive minutes of meetings, and sundry consultation and information documents. Copies will be e-mailed to a maximum of 3 of your committee members, at your request.

Fees

Membership Fees are based on a sliding-scale and determined by the number of therapists registered with an association/federation at the end of the previous year. The fee for applications received during the course of a year will be calculated according to the date of the application being accepted. Membership renewal fees are due on the 1st of January annually.

You can assist administration by :

1. ensuring all sections of the form are completed and the requested documents and membership fee are included with your application. Failure to do so will delay the processing of your application.

2. advising your appointed Delegate to e-mail the Secretary<fictasecretary@gmail.com> in order to register their e-mail and telephone contact numbers, as hand writing can sometimes be difficult to read.

3. notifying the Secretary if your Delegate is changed during the year and providing your new Delegates contact details i.e. postal address, e-mail, phone number.

4. by including copies of the

- (a) Aims and Objectives of your association
- (b) Codes of Ethics and Practice.
- (c) Cheque payable to "FICTA"

5. and posting all to:

FICTA Membership Secretary
Melanie Killion
49, Church Avenue,
Eden Gate,
Delgany, Co. Wicklow

Thank you.

Application Form

Name of your Association: _____

Address: _____

Therapy known as: _____

Status of association : A. Under construction _____ B. Established since _____

Chairperson or Secretary : _____

Address: _____

e-mail: _____ Phone/mobile: _____

Associations Website: _____

The following information will help FICTA to represent you and may be given as appropriate, to Government agencies, the media, etc.

Do you maintain a list of therapists whose training is sufficient for the safe practice of the therapy your association represents? YES _____ NO _____

Number of qualified therapists registered in December of last year: _____

Your Delegate to FICTA

Delegate's Name: _____

Address: _____

Phone: _____ mobile: _____

email: _____

I, the undersigned, confirm that this association understands the terms and conditions of FICTA membership and undertakes to abide by them.

Signed: _____ Date: _____

OFFICE USE ONLY

Cheque enclosed: _____ Date received: _____ Status: _____