

STUDENT ASSOCIATE - APPLICATION FORM

First Name(s)	
Surname	
Date of Birth	
Address	<hr/> <hr/> <hr/> Postcode <hr/>
Email Address	<hr/>
Phone number	<hr/>
Date of Application	<hr/>

Please [click here](#) for Application fee.

If applying for Student Associate membership after the 1st July the application fee is reduced by 50%.

All memberships renew on January 1st each year.

Please see **Bye Law 4, clause 5**

PLEASE NOTE: IAHIP only accepts applications for Student Associate Membership from those who are currently undertaking a psychotherapy training which meets the criteria as set out in **Bye Law 11.**

Declaration

- I apply for membership of IAHIP Ltd. As a Student Associate and I consent to be governed by the Code of Ethics and Practice. I have supplied the information requested.
- I declare that I have read the above and accept the terms and conditions of student associates of IAHIP Ltd.
- I enclose a letter from (Training Institute) which conforms my student status.
- I enclose fee / confirmation of online payment

Signed _____

Please tick the box relating to your payment type:

- ONLINE (**click here to access online payment link**)
- POSTAL ORDER
- CHEQUE

Please send completed form, letter from training institute, and fee (if not paying online) to: IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co. Dublin.