



Full membership of the Association of Tongue-tie Practitioners (ATP) is open to anyone who is a current Tongue-tie Practitioner (divider) and is regulated by a governing body ie. Registered Health Professional with the Nursing and Midwifery Council (NMC), General Medical Council (GMC) or General Dental Council (GDC)

The ATP adheres to the International Code of Marketing of Breastmilk Substitutes. Applications to become a member of ATP require that individuals adhere to this and all other aspects of the ATP Constitution. The Constitution and benefits of membership can be viewed on the **ATP website www.tongue-tie.org.uk**.

Membership fees are **£36** per year if paying by cheque , cash or bank transfer
Please make cheques payable to **ATP**

Membership fees are **£30** if completing a standing order form (on next page)

Please tick your payment choice in one of the boxes above

Bank Details for bank transfer: Association of Tongue-tie Practitioners; Sort Code 20-40-71 Acc No 13418928

Membership runs from 1st January to 31st December but annual payment is due on 1st December. If you are joining the ATP mid-year and plan to pay by standing order, it would be appreciated if you could pay your first instalment of £30 by cheque, cash or bank transfer and complete your standing order to commence on the following 1st Dec. Please contact membership@tongue-tie.org.uk if you wish to clarify.

Please note, if your subscription expires e.g. due to non-payment, you will be reminded twice and then your membership will be terminated. A charge of £10 in addition to your subscription will be required to re-instate your membership.

APPLICATION FORM TO BECOME A FULL MEMBER

WHERE DID YOU HEAR ABOUT THE ATP?

PERSONAL DETAILS	
Name	
Home address in full	
Home telephone number/s	
Work telephone number/s	
Email address	

WORK DETAILS			
Health Profession/s		NMC/ other PIN (Full members will have their health professional registration monitored on an annual basis)	
Other qualifications		Voluntary role	
Place of work		Position held	
Details of your tongue- tie training ie date, venue, trainer, certificate			
For ATP applications providing frenulotomy service on a private basis please attach a copy of your Indemnity Insurance Policy which clearly and explicitly states you have insurance to provide frenulotomy in a private/ independent capacity for babies and infants			

For listings on the ATP private or NHS Directory please complete the details on page 2

Signature..... Date.....

Thank you for joining us! Please forward application form, insurance documents & method of payment to: Lynn Timms, ATP Membership Secretary, 1B Trevis Road, Southsea, PO4 8LY Email: membership@tongue-tie.org.

Request for new information to uploaded onto the ATP www

Name of member	
Email address	
Website page - please give actual page details eg For NHS England http://www.tongue-tie.org.uk/tongue-tie-practitioners-nhs.html	
Geographical location (for Private and NHS listings)	
Exact details of new information	
Date received	
Date actioned	
Date member informed of change	



Standing Order Form for ATP Membership

Please complete the following

To: The Manager of Bank

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(please insert your bank's full address)

Please pay to

Barclays Bank

Sort Code **20-40-71**

For the credit of the **Association of Tongue-tie Practitioners** Account Number **13418928**

The sum of £30 annually on the **1st December** until further notice.

Name.....

Address.....

.....

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Account name

Account number

Sort code

Signature:.....

Please return to:

Lynn Timms
ATP Membership Secretary
1B Trevis Road
Southsea
PO4 8LY

Office use:
Photocopied
Sent to bank
Check first payment