



BRS Membership Administrator

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Application Form for BRS Apprenticeship

Name: _____

Address: _____

_____ Postcode: _____

Email: _____ Tel./Mobile _____

Name of sponsoring BRS Practitioner: _____

Signature of sponsoring BRS Practitioner: _____

Name of your Practitioner (if different from above): _____

Signature of your Practitioner: _____

Details of trainings taken*: _____

*Use overleaf for any information you wish to add. There is an opportunity for you to talk through your application and swap rebirths with another BRS Rebirther of your choice.

I hereby apply for Apprenticeship status with the British Rebirth Society.

Signature: _____ Date: _____

At which meeting do you intend to apply for membership?

1. Send your completed application form with subscription fee and copy of your insurance to the BRS Membership Administrator.
2. I enclose a fee of £5 (non-refundable) or make online payment to bank account:
21413066 Sort code: 40 22 07
Ref: *your name* Payee: The British Rebirth Society.
3. The BRS publishes a full list of practitioner members, which is available for public enquiries about services offered by Rebirthers. The list is also available internally and to other professionals and organisations which publicise breathwork.

Put a cross in this box if you DO NOT wish your name and address to be included in this list.