

TO BE COMPLETED & SIGNED BY ALL MEMBERS

I, the undersigned, apply to be an Associate Member of the Foundation for Sacred Plant Medicine.

I confirm I have read the FSPM Constitution and the FSPM Code of Ethics and hereby agree to abide by these documents. **Please tick**

I understand that as an Associate Member of the Foundation for Sacred Plant Medicine, I am not accredited by the FSPM and will not engage in the professional practice of Sacred Plant Medicine as defined by the FSPM and that if practicing as a student of Sacred Plant Medicine I will be clear with all who I work with that I am not a fully qualified practitioner. **Please tick**

I understand membership is awarded at the discretion of the FSPM and that if I am ever in breach of the FSPM Constitution or the FSPM Code of Ethics then my membership may be revoked. **Please tick**

Have you ever been convicted of, or is prosecution pending for, a criminal offence in any country? **YES/NO**

Have you ever been, or are you currently, on the Sex Offenders Register in any country? **YES/NO**

If the answer is yes to either of the previous 2 questions please provide further information on a separate piece of paper and attach it to this application form, thank you.

I confirm all the information I have provided in this application is true and accurate. **Please tick**

I would like to be included on the FSPM mailing list and be kept up to date with any relevant events, training, news or activities relating to the work of the FSPM. **YES/NO**

I would like my contact details to be made available to Full and Associate FSPM Members so that I can be kept informed of regional meetings. **YES/NO**

You may have skills and experience that you would like to share and that would be of benefit to the work of the FSPM. We welcome assistance in areas such as administration, advertising, technical support, web design and many other areas. If you would be interested do let us know.

I would be interested in helping with the work of the FSPM on a voluntary basis. **YES/NO**

If yes, please provide information about the skills/experience you would like to share on a separate piece of paper, along with days/times of availability and attach to this application form.

SIGNED:

DATE:

ASSOCIATE MEMBERS DECLARATION

I (full name in capitals)

of

..... (full address in capitals)

do hereby apply for Associate Membership of the Foundation for Sacred Plant Medicine. If elected, I will abide by the FSPM Constitution and faithfully adhere to the FSPM Code of Ethics, acting in alignment with the Core Values and in furtherance of the Aims & Objectives of FSPM.

SIGNED:

DATE:

APPLICATION CHECKLIST

Please tick each that applies and ensure they are enclosed with your application form as missing items will delay your application.

Completed application form	Payment (online request) or cheque do not send cash	Any necessary additional attachments
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PAYMENT OPTIONS: If you wish to pay via online banking/PayPal, a link with payment details will be sent to you once your membership is validated. Alternatively, euro cheque (Irish banks only) made payable for €30 to the Foundation for Sacred Plant Medicine can be sent with your application and won't be cashed until membership has been validated. If paying by PayPal you can set up automatic renewal, annual membership renewal date is October 31st.

RETURN MEMBERSHIP APPLICATIONS BY POST OR EMAIL TO MEMBERSHIP SECRETARY AS FOLLOWS:

Marina Levitina, Corracloon More, Flagmount, Co. Clare

Or, by email (a fully filled out document, or a photo of each page) to:
FoundationSacredPlantMedicine@gmail.com

OFFICE USE ONLY:

Date Received

Application Form fully completed & all necessary documents enclosed YES/NO
(if not please comment)

Payment received Type Date lodged/paid

Membership granted YES/NO

(if no, please explain what steps may need to be taken by the applicant in order to be reconsidered for membership, or any additional comments on reasons & whether any additional information required)

Authorised By

Membership Number

Date confirmation sent to member