



FOUNDATION FOR SACRED PLANT MEDICINE

FULL MEMBER APPLICATION FORM

MAKER/GROWER/COMMUNICATOR

Please complete in block capitals and return with all necessary documents and payment (see payment options below). Your application can take up to 28 days to process, longer if returned incomplete.

Membership runs from 1st November - 31st October each year. The cost for one years Full Membership is currently €40. (Note: If you join between July and October membership lasts until October of the following year.)

PERSONAL DETAILS

TITLE	
NAME	
ADDRESS	LANDLINE NO.
	MOBILE NO.
COUNTY	EMAIL
POSTCODE	WEBSITE
COUNTRY	

TRAINING/QUALIFICATION DETAILS

SCHOOL/TRAINING PROVIDER NAME & ADDRESS
DATES TO/FROM
QUALIFICATION (if applicable)
DATE OF CERTIFICATION (if applicable)

FOR MAKERS/GROWERS: What do you make and/or grow in a professional capacity? Please describe in what ways you are a professional maker/grower, including photos if appropriate, along with details of website/s and/or outlets your products are sold through.

FOR COMUNICATORS: How do you communicate Sacred Plant Medicine to the world? Please describe in what ways you are a professional communicator, giving examples of your work and outlining how your work honours the plants and the sacred. This may include photos, online links, book/film titles etc.

FOUNDATION FOR SACRED PLANT MEDICINE REGISTER

Please list my contact details on the FSPM online register **Yes** **NO**

Only complete if the contact details you wish to have listed on the FSPM Register differs from your personal contact details above. Your details on the Register will be available to members of the public.

BUSINESS NAME
WORK ADDRESS
PHONE NUMBER
EMAIL/WEBSITE

I enclose **a copy** of all necessary documents (qualification/certificate, if applicable) and contact details of 2 people who are willing to provide character references. **Please tick**

CHARACTER REFERENCES

Please provide name, address & contact details of 2 people the FSPM may contact:

TO BE COMPLETED & SIGNED BY ALL MEMBERS

I, the undersigned, apply to be a Full 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 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 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 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.

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

SIGNED:

DATE:

FULL MEMBER DECLARATION

I (full name in capitals)
of
..... (full address in capitals)

do hereby apply for Full 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:

PLEASE TICK IF SIMULTANEOUSLY APPLYING FOR MEMBERSHIP IN ANOTHER CATEGORY:

HEALING PRACTITIONER

PRIESTESS

PRIEST

PLEASE NOTE: If applying within more than one category, the annual membership fee is only payable once.

APPLICATION CHECKLIST

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

Completed application form	Qualification Certificate (hard copy only, please do not send original)	Payment (cheque/online payment request) no cash
2 Character References	Any necessary additional attachments	

PAYMENT OPTIONS: Euro Cheque (Irish banks only) made payable for €60 to the Foundation for Sacred Plant Medicine can be sent with your application and won't be cashed until membership has been validated. If you wish to pay via online banking/PayPal a link with payment details will be sent to you once membership is validated. If paying by PayPal you can set up automatic renewal, annual membership renewal date is October 31st.

RETURN MEMBERSHIP APPLICATIONS BY POST TO THE MEMBERSHIP SECRETARY AS FOLLOWS:

Marina Levitina, Corracloon More, Flagmount, Co. Clare

**Or, by email (a photo of each page of the fully filled out and signed application form) 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

References (please attach to file, with any necessary comments below)

Necessary to pass to Accreditation Team YES/NO
(if yes, please enter date forwarded & any necessary comments)

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