



B.E.T.A. Bio Energy Therapists Association

Application Form Membership No.

Membership type (please tick): ☐ New member ☐ Renewal member ☐ Associate (non-practicing) member

Qualification status (please tick): ☐ Qualified Therapist ☐ Bio Energy Diploma Student

Name of Bio Energy Diploma Training School:

Date Diploma as a qualified Bio Energy Therapist completed:

Date Bio Energy Diploma Training course started (if a student):

Member contact details

Name:

Postal Address:

Phone: Mobile:

Email:

Insurance company details:

Name and address:

Insurance Policy Number: Policy dates:

Note: To be an advertised member of BETA you must have current Professional Liability Insurance

Website details for public display

Address:

Tel.: Mobile:

Email:

Website:

Profile to be included on website: ☐ Yes ☐ No

Please forward a photo and profile with your application to betabioenergy@gmail.com for display on the BETA website

Note: Diploma Level Qualified insured members only will be displayed on the BETA website.

Payment details The annual fee **Jan-Dec 2026** is €40.00 and can be paid: [online click here](#), PayPal to betabioenergy@gmail.com or Bank Transfer (include name as reference) to BETA Association AIB, Morehampton Road, Donnybrook, Dublin 4
BIC: AIBKIE2D IBAN: IE51AIBK93103926521188

Forwarding supporting documentation checklist

Copy of Diploma (new member)
(Scan/photograph document to betabioenergy@gmail.com)

Membership Involvement

BETA is run by and for members. I will offer support when I can
I agree to contribute a talk or assist in sourcing speakers for BETA events

CPD Log Members to maintain an annual personal CPD log. 100 credits required. See website **here** for further details.
Member Declaration: I agree to maintain an annual CPD Log (renewal members) Yes No

Data Protection Please visit our website **here** for full details

To complete this form: You can enter text in the applicable boxes. Save your completed form and email betabioenergy@gmail.com. Or you can print, complete, attach to an email and send to betabioenergy@gmail.com.

I have read, understand and accept the Privacy statement of B.E.T.A. I agree to be bound by the rules and code of ethics of the Bio Energy Therapists Association and I certify that the above information is true. Yes No

Member signature: Date:

SUBMIT FORM TO betabioenergy@gmail.com