



Membership number: _____
(will be filled in by the association)

Application for membership to the International Association of Sound Massage Therapy

I would like to become a member of the International Association of Sound Massage Therapy. I am aware that the current annual membership fee is 49 €, a direct debit mandate from my account is enclosed. Membership is possible from the training seminar "Peter Hess® Sound Massage I" or a graduation from the Peter Hess® Institute or an affiliated Peter Hess Academy® worldwide onwards.

Personal Data - Please complete in block letters!

First Name, Last Name, Street , Postal code, City and Country

Phone / Fax

E-Mail / Homepage

Profession

Date of birth

Completed seminars at the Peter Hess® Institute or Peter Hess® Academy:

- Peter Hess® - Sound massage I, year: _____ Country/trainer: _____
- Peter Hess® - Sound massage II, year: _____ Country/trainer: _____
- Peter Hess® - Sound massage III/IV, year: _____ Country/trainer: _____
- Peter Hess® - Intensive training, year _____ Country/trainer: _____
- Peter Hess® - Advanced seminar: Easy, skilful and safe design of individual sound massage, year: _____ Country/trainer: _____
- Further seminars _____ Country/trainer: _____

Provider list on the association website:

I agree to the publication of my name and address in the list of providers on the FV website.

- yes no (please tick as appropriate)

Themes in which you work with sound (please tick as appropriate):

- relaxation, wellness, prevention healing & therapy
 education care
 consulting & coaching sound yoga

Your Degrees at the Peter Hess® Institute or Peter Hess® Academy:

- Peter Hess® Sound Massage Practitioner
 Relaxation Trainer for Imagery & Sound Journeys according to Emily Hess and Peter Hess
 KliK® Expert / Practitioner
 Further: _____

PREMIUM entry on the association-website for 15€/year with photo or logo

Yes, I would like to book an upgrade for 15 €/year and be listed with my photo and/or my company logo in the in the list of sound experts on the website www.fachverband-klang.de. I send the **photo by email in JPEG** format to the office at: versand@fachverband-klang.de The annual fee starts with the following booking and is automatically renewed for one year, unless a written notice of cancellation of your "Premium Entry" is sent by email 4 weeks before.

Pleas tick:

- By sending this form I confirm that I have taken note of the [statutes of the International Association of Sound Massage Therapy](#). I can terminate my membership by written notice by 30 September at the end of the year.
- I have also taken note of the [data privacy policy](#).

Place, date, signature: _____

Direct Debit Mandate

I hereby authorize the International Association of Sound Massage Therapy, Ortheide 29, D-27305 Bruchhausen-Vilsen, for payments from my / our account by direct debit authorization. At the same time, I instruct my credit institution to encash the direct debits drawn by the payment recipient on my account. This mandate is valid until canceled.

Note: Direct debit from abroad is possible from our side (if the bank supports SEPA). we need IBAN and BIC/SWIFT number of your bank!

Account owner: _____

Bank: _____

IBAN: _____

BIC/SWIFT: _____

Place, date, signature: _____

Please send your registration by mail or scanned email to:

Internationaler Fachverband Klang-Massage-Therapie e.V.

Ortheide 29, 27305 Bruchhausen-Vilsen/GERMANY, Phon: 0049-(0)4252-9389140

Email: info@fachverband-klang.de · Homepage: www.fachverband-klang.de

Bank details:

Kreissparkasse Syke, IBAN: DE43 2915 1700 1510 0410 21, BIC: BRLADE21SYK