CIPC Registration Number: 2022/761260/07
International Association of Therapists
Membership Number: NM033123

APPLICATION

Please fill in
as comprehensively as possible for our records.

A. YOUR PERSONAL DETAILS

Name and Surname:			
Address:			
Identity Number:		Age:	
Current Weight:		Height:	
Contact Number:			

Please give us an idea about the following:

B. YOUR HEALTH

Name of Caregiver/doctor/facility:	
Address:	
Last visit:	

C. NUTRITION

Present Diet:		
Mark Yes or No. Do you have a nutritional (or hygiene) routine?	Yes	No

D. YOUR CHANGED NUTRITION PLAN (For Office Use Only)

Membership Fee: R50 per annum

Terms:

1. This fee includes five 15 minute-consultations for free within a 12 month cycle.
2. The Lekka Den (TLD) reserves the right to adjust the membership fee without prior notice.
3. Registration at induction.
4. R50 admin fee payable

at: 6 Mars Way, Solheim, De Aar **OR** via EFT: The Lekka Den, Standard Bank Account No. 10184517913, De Aar Branch, Reference – Your name and surname

TLD Consultant Name: _____

_____ Client Signature

_____ Date