



# ARH Friends Membership Application 01 Oct 2018 - 30 Sep 2019

Please ensure you enclose a copy of your graduation certificate

The fee for Overseas Friends membership is £90

Office use only

When applying for insurance after 01 January, please see insurance fees table below

Member no:	Name:					
	Amount	Date	Cheque no	Sort code	CC	
Membership fee	£80/£90					
Total	£					
Plus insurance	£44/€75					

Please provide a separate payment for your insurance

## Your contact details

Full name: .....

1/ Date of birth: ..... Nationality: .....

Address: .....

Town: ..... County: ..... Postcode: .....

Tel no: ..... E-mail: .....

## Fees for Friends Membership - please note, insurance rate changes each quarter, see table below

2/ The fee for Friends membership ( <i>Overseas Friends membership is £90</i> )	£80/£90
Insurance premium - separate payment required. Only available for residents of UK (£44) or Irish Republic (€75) - see table below if applying after January	£44/€75

## Payment details

Please make cheques for your Friends membership fee payable to 'ARH'. Please be sure to include a separate payment for your insurance, cheques payable to 'Balens Ltd', or credit/debit card instruction completed on payment sheet included with insurance form. You must return your completed, signed insurance form if you require insurance via the ARH block scheme

Insurance	Oct - Sep	Jan - Sep	Apr - Sep	Jul - Sep
UK	£44.00	£36.93	£26.00	£12.93
Republic of Ireland	€75	€60	€41	€21

## Card details

Name of cardholder (*Block capitals please*): .....

3/ Card no:

Amount: £ ..... Type of card: Visa/Mastercard/Maestro

Valid from: ..... Expiry date: ..... Security code: ..... Issue no: .....

4/ Please sign below to confirm you have checked and completed **all** the relevant forms **including** your **graduation certificate** and where applicable, your **insurance form**. Your signature also acts as confirmation that you understand the ARH will use your personal data in the manner described in the ARH privacy policy, which is downloadable from our website.

Your signature: ..... Date: .....

## The Alliance of Registered Homeopaths

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