

<b>Member no:</b>	<b>Name:</b>		<b>Insurance:</b>			
		<b>Amount</b>	<b>Date</b>	<b>Cheque no</b>	<b>Sort code</b>	<b>CC - DD</b>
	<b>Membership fee</b>	£				
	<b>Insurance</b>	£				

<b>Your contact details</b>	
Full name: .....	
Address: .....	
Town: .....	County: ..... Postcode: .....
Tel no: .....	Mobile no: .....
E-mail: .....	

<b>ARH sabbatical Membership fees from 01 October 2018 until 30 September 2019</b>		Tick box
Registered membership (sabbatical) - One single payment	<b>£160</b>	<input type="checkbox"/>
<b>Staged payment options</b> - Staged payments can be made via credit/debit card instruction, or by setting up a Direct Debit (DD) instruction. Please be sure to complete a DD form (available from the 'Join ARH' page of the ARH website), when setting up a DD instruction.		
Registered membership (sabbatical) - staged payments - ten payments of £17.00 each	<b>£170</b>	<input type="checkbox"/>

**Important!** Your insurance - Please be sure to send your signed insurance form plus insurance payment, back to the ARH, together with your membership renewal form.

*Please provide a separate payment for your insurance premium of £44 (UK) or €75 (Republic of Ireland) standard loading and make insurance cheques payable to 'Balens Ltd'. To pay for your insurance using a credit/debit card, please write your card details on the special form provided with your insurance information.*

Insurance premium - standard loading = £44 UK or €75 Republic of Ireland	<b>£44/€75</b>
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**Please sign the statement below and return this form to the ARH**

I am aware of no convictions, claims, suits or other circumstances which could reasonably lead to a claim being made, or action initiated against me in relation to my homeopathic practice. I confirm I have read the ARH Code of Ethics. As a Registered Member of ARH, I agree to practice in accordance with the ARH Code of Ethics. I also agree to undertake regular CPD in order to maintain and further develop my professional skills. I certify the above details to be true and correct. I understand that the ARH will use my personal data in the manner described in the ARH privacy policy.

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

Cheques for ARH membership payable to 'ARH' please, or complete credit/debit card details below

Credit/debit card no:

Amount: £ ..... Expiry date: ..... Security code: .....