ARH Student Membership Renewal 2018 - 2019

If you have completed your studies and require details about membership options, please contact the ARH office

Office use only

Member no:	Name:				Insurance:	
		Amount	**Date**	**Cheque no**	**Sort code**	**CC**
	Membership fee	**£45/**£55				
	Insurance	**£**				

Your contact details

1/ Full name: .....

Address: .....

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

Tel no: .... Mobile no: .....

E-mail: .....

Membership of other professional associations: .....

Your Student Membership

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Student membership from 01 Oct 2018 until 30 Sept 2019	**£45**
Overseas student membership from 01 Oct 2018 until 30 Sept 2019	**£55**

Your Insurance

Important information about paying for your insurance

Please read through the following carefully:

Please provide a separate payment for your insurance premium of £19.16 (standard loading UK) or €40 (Republic of Ireland). Please make cheques for insurance payable to 'Balens Ltd' and return your completed insurance form and cheque to the ARH. The ARH will send your cheque and insurance form to Balens on your behalf. If you would like to pay for your insurance with your credit/debit card, please write your card details on the special form provided with your insurance information.

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Insurance Premium (standard loading, UK and Republic of Ireland only)	**£19.16/**€40

Payment details

Please make Student membership cheques payable to 'ARH', and insurance cheques payable to 'Balens Ltd'. Please note, you ***must*** return your completed, signed insurance form if you require insurance via the ARH block scheme

Credit card details

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

Credit card no: | | | | | | | | | | | | | | | | |

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

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

5/ Please sign below to confirm you have checked and completed **all** the relevant forms **including** your insurance form, where applicable. 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.

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

The Alliance of Registered Homeopaths

Registered Office: **Millbrook, Millbrook Hill, Nutley, East Sussex, TN22 3PJ**

Tel: 01825 714506 Web: www.a-r-h.org Email: info@a-r-h.org