

Please provide a **separate** payment for your insurance

To calculate insurance and membership fees when joining after 01 January, please see table below

For office use only

Member no:	Name:	Amount	Date	Cheque no	Sort code	CC
	Membership fee	£				
	Registration fee	£75				
	Total	£				
	Plus insurance	£				

Your details - please complete all three pages of this form, and sign section 4

Full name:

Date of birth: Nationality:

1/ Address:

Town: County: Postcode:

Tel no: E-mail:

Your homeopathic training

Colleges attended and qualifications gained (please include full name of college, contact details and dates of when attended)

.....

2/

.....

Referee

Please give the name, email and address of a professional person (not related to you) whom you have known for at least three years, and who can provide a personal reference:

.....

3/

Do you specialise in any particular area of practice (ie: children, pregnancy, menopause, musculoskeletal etc)?

.....

Fees table

Application made in:	Registration fee	Membership fee	Total	Plus insurance
Oct-Dec	£75	£335	£410	£44
Jan-Mar	£75	£250	£325	£36.93
Apr-Jun	£75	£170	£245	£26
Jul-Sep	£75	£95	£170	£12.93

Membership fee + registration fee can also be paid via instalments - see overleaf for details

When paying via cheque, please make cheques for your registered membership payable to 'ARH', and be sure to include a **separate** cheque for your insurance, made payable to 'Balens Ltd'. When paying via card, please complete your details on page three of this form, and again on the payment sheet included with the insurance form.

If you have your own insurance, please be sure to **include a copy of your current insurance certificate** together with your registration application.

Please note, you may pay for your membership fee plus registration, via installments, by providing your payment instruction on page three of this form. See table below for details.

Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep
9 = payments of £45.50	6 = payments of £54	4 = payments of £61.25	2 = payments of £85

Information to be placed on the ARH and Find a Homeopath websites

First name	
Last name	
Address line 1	
Address line 2	
Town/City	
County	Postcode:
Country	
Telephone	
Mobile	
Email	
Website	

Please check you have completed, signed and enclosed **all** the relevant forms and that you have included:

- ***your insurance application form and insurance payment (or a copy of current insurance certificate when insured outside of ARH block scheme)***
- ***a copy of your graduation certificate***
- ***the correct fee, or your payment instruction on page three of this form, when paying via card or Direct Debit***

Then **sign** the statement below

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 (*available from ARH website: www.a-r-h.org or from office upon request*). If accepted as a Registered Member of ARH, I agree to practise 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, which is available on the ARH website.

4/

Your signature: Date:

Your payment instruction when paying via Direct Debit or credit/debit card

Direct Debit instruction for ARH registered members

Please complete this (upper) part of the form if you would like to stage the payments of your ARH membership fee via **Direct Debit** instruction. **Please use the lower half of this form for card payments**, either single or staged payments.

Normally, staged payments will comprise one-monthly payments of an equal amount as shown on table below. However, if a transaction fails for some reason, the amount taken may vary, to ensure your payments are completed by the end of the ARH membership year (30 September).

Please note we can only set up DD transactions for members with a UK bank account.

Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep
9 = payments of £45.50	6 = payments of £54	4 = payments of £61.25	2 = payments of £85



ARH

Please fill in the whole form including official use box using a ball point pen and send it to:

Alliance of Registered Homeopaths (ARH)
 Millbrook
 Millbrook Hill
 Nutley
 East Sussex
 TN22 3PJ

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

<small>To: The Manager</small>	<small>Bank/building society</small>
<small>Address</small>	
<small>Postcode</small>	

Reference

Instruction to your bank or building society to pay by Direct Debit

Service user number

2	5	3	1	8	4
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FOR ARH OFFICIAL USE ONLY
 This is not part of the instruction to your bank or building society.

Instruction to your bank or building society

Please pay ARH Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with ARH and, if so, details will be passed electronically to my bank/building society.

<small>Signature(s)</small>
<small>Date</small>

DD11

Please note, the ARH is compliant with the Payment Card Industry Data Security Standard (PCI DSS).

Your card details:

Credit/debit card no:

Amount: £ Expiry date: Security code:

Your signature: Date: