

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

#### Your contact details

Full name: .....

Address: .....

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

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

E-mail: .....

#### ARH Membership fees for new membership year (01 October until 30 September)

Tick box

Registered membership - One single payment

**£160**

**Staged payment options** - Staged payments can be made via credit/debit card instruction, or by setting up a Direct Debit (DD) instruction. Please be sure to complete the DD form on the reverse-side of this form, when setting up a DD instruction.

Registered membership - staged payments - ten one-monthly payments

**£175**

**Your insurance - Important!** - Please be sure to send your signed insurance form plus insurance payment, back to the ARH, together with your membership renewal form. When insured outside of the ARH block scheme, please be sure to send us a copy of your insurance certificate.

*Please provide a separate payment for your insurance premium and when paying by cheque, 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

**£44/€75**

**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: .....

#### Your payment - Important information!

Please make cheques for your ARH membership payable to 'ARH'. If you would prefer to pay via credit/debit card, or to set up a Direct Debit instruction for staged payments, please provide your details on **page two** of this form (overleaf).

The Alliance of Registered Homeopaths

Registered office: Millbrook, Millbrook Hill, Nutley, East Sussex, TN22 3PJ

Tel: 01825 714 506

Web: www.a-r-h.org

Email: info@a-r-h.org

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

### Direct Debit instruction for ARH registered members

Please complete this form if you would like to stage the payments of your ARH membership fee via **Direct Debit** instruction.

Normally, this will comprise ten one-monthly payments of an equal amount. However, if your renewal is late in starting, or 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.*



# 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

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Reference

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### 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.

Signature(s)
Date

DD11

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

#### Your card details:

Credit/debit card no:

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

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