

Please provide a separate payment for your insurance

Special Summer offer 2021!

Member no:	Name:	Amount	Date	Cheque no	Sort code	CC
	Membership fee	£335				
	Staged payments	£33.50 x 10				
	Total paid	£				
	Plus insurance	£53.00				

Your details - please complete both pages of this form, then sign section 4

1/ Full name:

Date of birth: Nationality:

Address:

Town: County: Postcode:

Tel no: E-mail:

Your homeopathic training

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

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Referee

3/ 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:

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Are you a member of other professional organisations (please provide details).....

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This special offer is available from 01 July until 30 September 2021, and provides you with registered membership from our receipt of your correctly completed forms, until 30 September 2022. *The normal registration fee of £75 is waived for this offer, which makes this an exceptionally good deal!*

The total payable for registered membership is **£335** for single payments (either a cheque payable to 'ARH', or please complete page 3 of this form to provide your card instruction). Please note, you can stage the payments by providing us with your card instruction to take ten one-monthly payments of **£33.50** each. If you would prefer to set up a Direct Debit facility to make your staged payments, please complete the appropriate section on page 3 of this form.

Please make a separate insurance payment of £53, and when using a cheque to pay for your insurance, please make it payable to 'Balens Ltd'.

Please make cheques for your registered membership fee payable to 'ARH', or complete the appropriate section on page 3 of this form when providing a card or Direct Debit instruction. 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. If you have your own insurance, please be sure to **include a copy of your current insurance certificate** together with your registration application

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

- ***your insurance form and insurance payment (or a copy of current insurance certificate when insured outside of ARH block scheme)***
- ***a copy of your graduation certificate or BHMS/DHMS homeopathy qualification***

Then **sign** the statement below

4/ I am aware of no 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

Your signature: Date:

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

First name	
Last name	
Address line 1	
Address line 2	
Address line 3	
Town/City	
County	Postcode:
Country	
Telephone	
Mobile	
Email	
Website	

The Alliance of Registered Homeopaths

Millbrook, Millbrook Hill, Nutley, East Sussex, TN22 3PJ

Tel: 01825 714506 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 (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.



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

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

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.

<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:

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Amount: £ Expiry date: Security code:

Your signature: Date: