

**Membership Application Form**

 **Title:**

**First name:**

**Middle name(s):**

**Surname (family name):**

**Home address:**

**Address for correspondence:**

**Email:**

**Please provide a correct email address which you can check on a regular basis to ensure you receive all correspondence as quickly as possible.**

**Telephone number:**

**Profession (e.g. doctor, nurse. veterinary surgeon, podiatrist etc.):**

**Qualifications:**

**Level of membership and fees:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of membership** | **Fee (direct debit)** | **Fee with hardcopy journal** | **DD fee with hardcopy journal** |
| Affiliate  | £243 (£237) | £263 | £257 |
| Associate | £148 (£143) | £168 | £163 |
| Licenced Associate – LFHom | £172 (£167) | £192 | £187 |
| Member/Fellow – MFHom/FFHom | £292 (£287) | £312 | £307 |
| Retired | £119 (113) | £139 | £133 |
| Student | £59 (£54) | £79 | £74 |
| Diplomate | £218 (£213) | £238 | £233 |
| Specialist Registrar | £292 (£287) | £312 | £307 |

If you are applying for Affiliate membership please enclose a copy of your original qualification and your CV outlining your professional qualifications and experience plus two referees. Your application will be assessed and upon acceptance you will begin receiving Affiliate level membership benefits once full payment of the membership fee has been received.

Please be aware that if a payment is made in advance for any category (for example through the website) and then a refund is requested the Faculty reserves the right to charge a 10% administration fee. We therefore advise you to check that you are eligible for membership of the Faculty and are applying for the correct category before sending a payment.

**Type of membership being applied for:**

I am applying for Affiliate membership and a copy of my original qualification, my CV plus contact details of 2 referees are enclosed

I am applying for Associate membership and my statutory body is: and my registration number is:

I am applying for Licenced Associate/Membership (delete as appropriate)

I am applying for student membership.

Course of study:

Institution:

Qualification once graduated:

I am applying for retired membership and confirm I am not in any paid employment and don’t intend to return to paid employment in the future.

**Levels and terms and conditions of membership explained**

 **Non-Faculty of Homeopathy qualified route:**

**Affiliate** membership is open to healthcare and veterinary professionals eligible for statutory registration in the jurisdictions/legislatures of their practice who have completed a non-Faculty course of homeopathic study.

**Associate** membership is open to statutorily regulated healthcare and veterinary professionals only, with an interest in homeopathy.

If you are not statutorily regulated e.g. a doctor registered with the General Medical Council or a vet registered with the Royal College of Veterinary Surgeons please apply for Affiliate membership.

Contact the Membership & Education Officer at lpeacock@facultyofhomeopathy.org if you are unsure as to the category to apply for.

**Associate** and **Affiliate** membership do \*not\* denote possession of a Faculty of Homeopathy qualification and cannot be advertised to the public as such in any jurisdiction.

**Faculty of Homeopathy qualified route:**

**Licenced Associate** membership is open to statutorily regulated healthcare professionals or veterinary professionals who have passed the Faculty of Homeopathy’s Primary Healthcare Examination (PHCE), LFHom Vet or LFHom Vet Nurse examinations.

The **Full Member** category is open to statutorily regulated healthcare and veterinary professionals who have passed the Faculty of Homeopathy’s MFHom or VetMFHom examinations

**Retired** membership is open to members who are no longer in any paid employment.

**Student** membership is open to students studying a UK/EU registrable healthcare related discipline at a UK/EU tertiary education institution. Also courses of study related to professions regulated by the UK Health & Care Professions Council.

**PAYMENT DETAILS**

* **Please debit my VISA or Mastercard:**

Card Number ……………………………………………………........………

Expiry date ………/……… CVV ……………….

Name/Name on card………………………………………………………….…

Signature………………………………………Date………………………

* **I …………………..(name) have paid by direct bank transfer (BACS) on…………………..(date) into the bank account below:**

Bank details: Barclays Bank Account number: 70157090

Pall Mall Corporate Banking Sort code: 20 67 83

PO Box 15165 IBAN: GB34BUKB20678370157090

London SW1A 1QF SWIFTBIC: BUKBGB22

Please use your name and “membership” as the reference when making a bank transfer.

* Please send me a tax receipt (circle or highlight if you need a tax receipt. Worldpay send receipts automatically but these are not tax receipts).

**I consent to the use and storage of my data as outlined in the Faculty of Homeopathy privacy policy and data protection statements on the Faculty website** [**www.facultyofhomeopathy.org**](http://www.facultyofhomeopathy.org)**.**

Sign…………………………………………………..

Name………………………………………………..

**Please complete and return this form by email to** **lpeacock@facultyofhomeopathy.org** **or post to: Lisa Peacock, Faculty of Homeopathy, CAN Mezzanine, 49-51 East Road, London, N1 6AH**

**UNITED KINGDOM**