

THE INTERNATIONAL REGISTER OF CONSULTANT
HERBALISTS AND HOMOEOPATHS



Trading as

The General Council and Register of Consultant Herbalists

MEMBERSHIP APPLICATION FORM

Name (in full) State if Mr. Mrs. Miss. Ms.

Date of Birth: / / Nationality:

Private Address:
.....

Telephone: e-mail:

Professional address (if relevant)
.....

State which address communications are to be sent:

Please state any professional associations you are a member of:
.....

What qualifications or other academic diplomas do you hold?
.....

Please Send updated CV and copy of Certificates together with two Referees or References. Members should hold a current First Aid Certificate.

DECLARATION

N.B. Before completing this declaration, please carefully read the terms and conditions of membership given.

1. I hereby apply to be admitted to THE INTERNATIONAL REGISTER OF CONSULTANT HERBALISTS AND HOMOEOPATHS as a Member
2. I undertake not to act in any way that will bring dishonour on my profession as a Medical Herbalist of Homoeopath or lower the prestige of the register during my membership.
3. I understand that any Certificate of Membership issued to me by the Register, is and remains the property of the Register, and I (or my heirs or executors) will return it to the Register on my ceasing to be a member.
4. I hereby pledge myself to abide by The Memorandum and Articles of Association of the register and its Bye Laws, Code of Ethics and other Rulings laid down by the Council from time to time.
5. I enclose herewith the sum of £375 being £100 for my Registration Fee, and to include my first year's subscription of £260.
6. Have you ever had a Criminal record – yes/no* (*delete as appropriate)

Signed: Date: / /