

# **Guildford – Woking Complementary Health**

A network of professional complementary therapists

## **Membership Application Form**

Please complete using black pen and block capitals

<b>Name</b>		<b>D.O.B:</b>
<b>Address</b>		
<b>Tel No</b>		
<b>website</b>		
<b>e-mail address</b>		
<b>Professional associations</b>		
<b>Qualifications</b>	<b>Where gained? (College name and location)</b>	<b>Date of pass</b>
<b>Current training</b>		
<b>Do you practice part-time or full-time?</b>	<b>When and where do you practice</b>	
<b>What skills can you contribute to the network?</b>		
<b>Would you be interested in attending and/or contributing to workshops? If so, what subject would interest you?</b>		
<b>What do you hope to gain from the network?</b>		

Members of the Guildford – Woking Complementary Health network should abide by the following policy and objectives:

- Work to promote a closer working relationship between modern (allopathic) medicine and complementary therapists
- Work to promote the public's awareness of complementary therapies
- Increase contact and co-operation between practitioners of different therapies

Co-operation will be demonstrated by every member in his/her dealings with each other. Respect of each other's practiced therapy is essential to the success of the network.

I agree to abide by the policy and objectives of the Guildford – Woking Complementary Health network, and by my professional Code of Ethics.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Annual membership fee of the network is £60 (pro-rata on a monthly basis. Renewal date is 1<sup>st</sup> April).

I enclose a copy of my certificates and insurance.  
I enclose my membership fee. Cheque made payable to GWCH.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: **Jane Spencer**, 19 Devoil Close, Guildford GU4 7FG.  
**Tel: 07720052354**

For office use only:

Certificates checked: \_\_\_\_\_

Membership No \_\_\_\_\_

Insurance checked \_\_\_\_\_

Details on Data Base \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_