



## Membership Application Form

<b>Name</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>Do you practice full time or part time?</b>	<b>When and where do you practice</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 6<sup>th</sup> April).

**I enclose (or email) a copy of my certificates and insurance.**

**I am paying my membership fee online** to Guildford Woking Complementary Health network (GWCH), Sort Code: 40-46-48 Acct number: 21435906 , **or cash at the next GWCH meeting.**

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

Please return to: **gwchnetwork@gmail.com**