

Membership Application Form

This form covers all types of association memberships. Please select the category you wish to apply for and complete all sections. Provide as much information as possible as this will help us process your application quickly and efficiently.

Please ensure the email address you provide is accurate this will be used to communicate with you about your application and to keep you updated on AHCP activities and developments in future.

Once you have completed all sections please return the form as an email attachment to information@ahcp.co.uk

Contact Name	
Position	

Establishment	
Address	

Postcode	
Telephone (work)	
Email	

Type of Membership you wish to apply for	
Qty	Individual Membership
	Individual £50
	Supervisor £30
	Student £30
	Retiree £10
Qty	Corporate Membership
	National Sponsor £600
	Additional National Sponsor £200*
	Additional Regional Sponsor £75*
	Regional Sponsor £250

Branch you would like to join:	<input checked="" type="checkbox"/>	Branch
	<input type="checkbox"/>	Midlands
	<input type="checkbox"/>	North West
	<input type="checkbox"/>	Northern England
	<input type="checkbox"/>	Northern Ireland
	<input type="checkbox"/>	Scotland
	<input type="checkbox"/>	Southern England
	<input type="checkbox"/>	Wales
	<input type="checkbox"/>	Western
	<input type="checkbox"/>	Yorkshire & Trent
	<input type="checkbox"/>	National

Additional member details full name/address/email/telephone number:
Invoice Address:

Do you require a purchase order number to be quoted?	<input type="radio"/> YES <input type="radio"/> NO
How did you hear about the AHCP?	
Do you agree to be updated about the AHCP by:	Email <input type="radio"/> Telephone <input type="radio"/>

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