

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			
Landline Number			
Mobile Number			
Email Address			
Date of Birth (DD/MM)			

Type of Membership you wish to apply for? (Contact us for Group Membership)			
Qty	Individual Membership		Qty
	Individual £50.00		Corporate Membership
	Supervisor/Student £30.00		National Sponsor £600.00
			Regional Sponsor £250.00

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

Group Member Details (Name of individual members, Email Address, Telephone, DOB)
Invoice Address (if different from main contact address)

I wish to pay my invoice by:	<input type="checkbox"/>	Credit/Debit Card (Paypal)
	<input type="checkbox"/>	Invoice – Please provide PO Number below
I wish to be kept up to date from the AHCP:	<input type="checkbox"/>	Yes (via email)
	<input type="checkbox"/>	No

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