

The Association of Master Herbalists

7 Dormans Close, Dormansland, Lingfield, Surrey RH7 6RL

Tel: 01342 832609

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APPLICATION FOR STUDENT MEMBERSHIP

Requirements	Benefits
Available to Students engaged on an AMH approved course resulting in a professional qualification in Herbal Medicine.	<ul style="list-style-type: none"> • Full voting rights at members' meetings • Quarterly Journal – "The Herbalist" • Group Practitioner insurance rates • Updates on changes to herbal legislation

A cheque for the appropriate amount must be enclosed and made payable to 'The Association of Master Herbalists'. Please see pro rata table below to determine the appropriate fee.

Membership Status	Fee if joining May - July	Fee if joining Aug - Oct	Fee if joining Nov - Jan	Fee if joining Feb - Apr	
Student	£60	£45	£30	£15	<i>Please complete all sections & Declaration</i>

Section A

Name Title Date of Birth

Contact Details

Address:
<input type="text"/>
<input type="text"/>
<input type="text"/>
County:
Postcode:

Home Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
Mobile:	<input type="text"/>
E-mail:	<input type="text"/>

Nationality: UK EU Other (please state)

If other, do you require a work permit or visa? Yes / No (*delete as appropriate*)

Section B

Current and Planned Study

Qualification	Name of Course Provider e.g. School	Course Start Date and Duration
Herbal medicine	<input type="text"/>	<input type="text"/>
Iridology *	<input type="text"/>	<input type="text"/>

* If you are not studying Iridology, please supply details of other diagnostic techniques you are learning. Acceptance of alternative diagnostic techniques is subject to approval by the AMH Council

Educational Qualifications (post-school leaving age). Please continue on a separate sheet if necessary

Qualification	Institution	Date of qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other qualifications (other qualifications or awards not listed above) Please continue on a separate sheet if necessary

Qualification	Institution	Date of qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Complementary or Alternative Medicine Skills

Please give details of other CAM therapies currently practised or being studied. <i>Please continue on a separate sheet if necessary.</i>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Section C

Membership of Professional Associations (UK or overseas)

Please provide name and address of professional organisation(s) and joining date

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Section D

Other occupation(s) in which you are currently employed:

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Please list your reasons for wishing to join The Association of Master Herbalists

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Declaration

If you answer is yes to any of the questions below, please give details on a separate sheet.

Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge? Yes / No

Have you had civil proceedings (other than a divorce/dissolution of marriage or civil partnership) brought against you? Yes / No

Have you been disciplined by a professional or regulatory body or your employer? Yes / No

Have you ever been refused admission to a professional register? Yes / No

Do you have any physical or mental health condition that would impair your fitness to practise the profession to which your application relates? Yes / No

I enclose a cheque for £..... in payment of the subscription up to 30th April 2017
Please make cheques payable to: The Association of Master Herbalists

I enclose a C.V. (This needs to cover your life history, job history, achievements and skills)

I enclose a recent head and shoulders photograph of myself signed on the back

On signing this I submit that the information given is correct and that I am happy for certain information to be verified

Signature

Date