

MEMBERSHIP APPLICATION FORM



CONFIDENTIAL

FULL MEMBERSHIP:

ASSOCIATE MEMBERSHIP:

Please tick appropriate box

Name:

Home Address:

Work Address:

Postcode:

Postcode:

Phone:

Phone:

Fax:

Fax:

Mobile:

Mobile:

E-mail:

E-mail:

Website:

Please tick appropriate boxes

Address to which Guild correspondence should be sent:

Home:

Work:

Address for Directory Listing:

Home:

Work:

CURRENT STATUS (e.g. freelance, staff...):

RELEVANT QUALIFICATIONS & EXPERIENCE:

TEACHING/TRAINING:

MAGAZINES & NEWSPAPERS:(contribute to in the past 5 years):

BOOKS & OTHER PUBLICATIONS (up to most recent 10 titles):

WEBSITES:

RADIO/TV EXPERIENCE:

CATEGORIES OF MEMBERS' SPECIAL INTERESTS

	Ageing
	Children's health
	Complementary medicine
	Fitness
	General medicine
	Health & education
	Medical ethics
	Men's health

	Mental health & psychiatry
	Mind body medicine
	Nutrition & diet
	Pharmaceuticals
	Preventative medicine
	Psychology & psychotherapy
	Relationships
	Women's health

ADDITIONAL INFORMATION:

MEMBERSHIP OF ANY OTHER RELEVANT GUILDS/ ORGANISATIONS:

COMMERCIAL INTERESTS - Please list any work for PR companies, promotional literature, booklets, etc. The Guild of Health Writers' Directory is sold to PR companies, advertising agencies, publishers, health authorities and health promotion agencies many of whom would find it helpful to know of your commercial interests. If none, please state none.

TO BE COMPLETED BY THE APPLICANT:

I _____ (*Please print*) agree to abide by the Constitution of the Guild of Health Writers, its Code of Conduct and to support its Aims and Objectives.

Please find enclosed:

Completed Application form - *Please use extra sheets of paper if there is insufficient space on this form.*

3 samples of work published/broadcast within the last 6 months

Membership fee – cheque for £45 payable to *The Guild of Health Writers*

I understand that the Committee may ask to see more examples of my work.

Signature: _____ Date: _____

TO BE COMPLETED BY THE RECOMMENDING MEMBER:

I consider the applicant to be a fit person for Membership/Associate Membership of the Guild of Health Writers and support this application.

Name of Proposer (*please print*): _____

Signature: _____ Date: _____

THE GUILD MEMBERSHIP COMMITTEE RESERVES THE RIGHT TO REFUSE OR REVOKE MEMBERSHIP.

Please send your completed form and enclosures to:

The Guild of Health Writers

Dale Lodge, 88 Wensleydale Road, Hampton, Middlesex, TW12 2LX

Tel/Fax: 020 8941 2977

E-mail: admin@healthwriters.com

Website: www.healthwriters.com