

# STUDENT MEMBERSHIP FORM



*CONFIDENTIAL – Please print clearly*

**NAME:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**TERM-TIME ADDRESS:** \_\_\_\_\_

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**PHONE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**NAME OF EDUCATIONAL ESTABLISHMENT:** \_\_\_\_\_

**NAME OF COURSE:** \_\_\_\_\_

**START DATE OF COURSE:** \_\_\_\_\_

**END DATE OF COURSE:** \_\_\_\_\_

**NAME OF COURSE TUTOR:** \_\_\_\_\_

**SIGNATURE OF COURSE TUTOR:** \_\_\_\_\_

**DECLARATION TO BE COMPLETED BY THE APPLICANT:**

I, ..... agree to abide by the Constitution of the Guild of Health Writers, its Code of Conduct and to support its Aims and Objectives. I attach my completed application form, together with a letter of support from my course tutor, and cheque for £12.00 made payable to *The Guild of Health Writers*.

**Please send all documentation to The Guild of Health Writers, Dale Lodge, 88 Wensleydale Road, Hampton, Middlesex, TW12 2LX.**

**Applicant's signature** \_\_\_\_\_

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