

STUDENT MEMBERSHIP FORM



CONFIDENTIAL – Please print clearly

NAME: _____

PERMANENT ADDRESS: _____

TERM-TIME ADDRESS: _____

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.