

# Become a Subscriber

## SIGN UP NOW

To subscribe, just complete the application form and return it to the Northampton office with your payment. On receipt of your application form, a confirmation letter and information pack will be sent to you by return.

## CONSIDERED REGISTERING WITH THE SOCIETY?

The Society's register is accredited by the Professional Standards Authority for Health and Social Care (PSA), under its Accredited Registers (AR) programme.

As a registered member of the Society you will be able to display the Accredited Register quality mark, a sign to patients that you belong to a register that meets the Professional Standards Authority's robust standards.

To find out if you are eligible to register with us, contact Liz Wootliff on 01604 817890 or visit the 'Join Us' section of the Society's website.

**To find out more about the Society and these great benefits contact:**

**Anne Mitchell on 01604 817890  
or visit [www.homeopathy-soh.org](http://www.homeopathy-soh.org)**

## We've put together a great package of benefits for Subscribers including:

- **Journal 'The Homeopath'** - Read about the latest developments in case management, research, provings and materia medica in our journal, 'The Homeopath'.
- **Conferences and seminars** - Keep up-to-date with latest developments and speakers in the field as well as meeting old friends and making new ones. We offer reduced prices for subscribers.
- **Events** - The Society runs a wide range of affordable, regional meetings throughout the UK on topics including practice management, regulation and supervision.
- **Tradco** - supply a wide range of information leaflets, stationery and merchandise to support homeopaths in practice.
- **Website** - An up-to-date, professional and fully accessible site aimed at patients, practitioners and the media.

## SUBSCRIBER APPLICATION FORM

*Please print details clearly and indicate the type of student membership required*

Forename(s) ..... Surname .....

Title (Mr/Ms/Mrs/Dr - only if registered with GMC) ..... Date of Birth .....

Address .....

..... Postcode .....

Phone (H) ..... (W) .....

(Mobile) ..... Email .....

Continued ....

Nationality ..... Website .....

Have you been a Society member before? YES / NO When? .....

Do you have any nursing or midwifery qualifications (eg RGN): .....

**Ethnicity:** It would help us if you could supply this information for our database as we are frequently asked by the media for homeopaths to interview from a specific ethnic origin. UK citizens can belong to any of the following groups indicated. Please show which group best describes you by ticking only one of the boxes below:

- |             |                          |                 |                          |
|-------------|--------------------------|-----------------|--------------------------|
| UK/European | <input type="checkbox"/> | African         | <input type="checkbox"/> |
| Chinese     | <input type="checkbox"/> | Asian           | <input type="checkbox"/> |
| Indian      | <input type="checkbox"/> | Bangladeshi     | <input type="checkbox"/> |
| Pakistani   | <input type="checkbox"/> | Any other ..... | <input type="checkbox"/> |
| Caribbean   | <input type="checkbox"/> |                 |                          |

## ANNUAL FEES

I wish to join for the year 1st October 2016 - 30th September 2017

£48 UK   
£69 Overseas

## PAYMENT

### 1) Cheques

I enclose my cheque for £ ..... payable to The Society of Homeopaths, in £ sterling

### 2) Payment by credit or debit card

You can pay online by credit or debit card by going to the 'Shop' section on the Society website and selecting Society payment or contact the office with your card details.

**Please note the following regulations:** Members other than those on the Register of Homeopaths shall not use their membership, nor the name, goodwill or facilities of the Society to enhance personal reputation, to solicit patients, to obtain personal benefits, or for any other professional purpose whatsoever.

**DECLARATION:** Upon acceptance of my application I agree to abide by the regulations of The Society of Homeopaths.

Signed ..... Date .....