



Application for Corporate Membership

I wish to apply for corporate membership of the Institute of Health Promotion and Education, a charitable company limited by guarantee and agree to abide by the regulations as set out in the Articles of Association. I agree to pay the Company an amount not exceeding £1 if the Company is wound up during my membership or within twelve months of my resignation. I undertake to pay the appropriate subscription on the 1st January each year and wish to receive notices under the Articles of Association and all documents to which I am entitled as a member, electronically*. In the event of my resignation I undertake to notify the Administrative Secretary in writing. (*Other methods available by request.)

DETAILS of ORGANISATION:

Name:

Status (private company, charity, educational organisation):

Address:

Postcode:

Telephone:

Website:

DETAILS OF APPROVED REPRESENTATIVE:

Title: Prof/Dr/Mr/Mrs/Miss/Ms

Contact name:

Address:

Postcode:

Telephone:

Email (essential):

ELIGIBILITY:

Please detail the nature of the organisation's interests relevant to health promotion and education:

INVOICING DETAILS: (if different to above representative's information)

Purchase Order Number:

Contact name:

Address:

Postcode:

Telephone:

Email (essential):

I am authorised to apply for corporate membership of IHPE on behalf of the above organisation.

I enclose the annual membership subscription of £45 / provide invoicing details above (delete as appropriate)

Please make cheque payable to 'Institute of Health Promotion and Education Ltd'

Signed:

Date:

Please complete and sign this form, then post to: **Dawn Wills, IHPE, c/o 20 Mardley Avenue, Welwyn, AL6 0UD**

For details of eligibility visit www.ihpe.org.uk or contact the Honorary Secretary: honsec@ihpe.org.uk.

IHPE USE: DATE OF JOINING: _____ MEMBERSHIP NUMBER: _____