



## Application for Full, Associate, or Student Membership

I wish to apply for 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 1<sup>st</sup> 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.)

### PERSONAL DETAILS:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Please tick this box to receive our regular newsletter via email (you can unsubscribe at any time)

### ELIGIBILITY:

Degrees/Membership of Professional Bodies: \_\_\_\_\_

### ENGAGEMENT:

I am presently engaged in **HEALTH PROMOTION/HEALTH EDUCATION** in a **full / part-time** capacity (select):  
Present appointment \_\_\_\_\_ Date appointed: \_\_\_\_\_  
Previous appointments:  
A) \_\_\_\_\_ Date appointed: \_\_\_\_\_  
B) \_\_\_\_\_ Date appointed: \_\_\_\_\_

### PROFESSIONAL REFERENCE for Member grade applications (name and contact details):

Name of Referee: \_\_\_\_\_ Contact Details: \_\_\_\_\_

### SPECIAL HEALTH EDUCATION INTERESTS:

I wish to apply for full/associate/student membership (delete as appropriate)  
I enclose the annual membership subscription: total £ \_\_\_\_\_  
I enclose copies of my qualifications and professional memberships.  
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](http://www.ihpe.org.uk) or contact the Honorary Secretary: [honsec@ihpe.org.uk](mailto:honsec@ihpe.org.uk).

### ANNUAL MEMBERSHIP SUBSCRIPTION (2019)

MEMBERS	£36.00	ASSOCIATE MEMBERS	£31.50
STUDENT MEMBERS	£25.00	RETIRED MEMBERS	£13.50

IHPE USE: DATE OF JOINING: \_\_\_\_\_ MEMBERSHIP NUMBER: \_\_\_\_\_

By becoming a member of the IHPE you acknowledge that you have read and understood the processes and policies referred to in the IHPE's Privacy Notice, (available on our website: [ihpe.org.uk](http://ihpe.org.uk)) and consent to our data collection, use, sharing and processing practices as set forth within the Privacy Notice.

Registered Charity Number: 1156738, Charitable Company Number: 08476077  
Registered Address: MBL House 16 Edward Court,  
Altrincham Business Park Off George Richards Way, Altrincham, WA14 5GL