



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 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.)

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 copies of my qualifications and professional memberships.

Signed: _____ Date: _____

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

Please complete and sign this form, then return a copy via email to president@ihpe.org.uk or send it by post to IHPE, PO Box 7409, Lichfield, WS14 4LS.

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) and consent to our data collection, use, sharing and processing practices as set forth within the Privacy Notice.