

# The Association of Master Herbalists

7 Dormans Close, Dormansland, Lingfield, Surrey RH7 6RL

Tel: 07974 936742

Email: masterherbalists@gmail.com

## APPLICATION FOR STUDENT MEMBERSHIP

Requirements	Benefits
Available to Students engaged on an AMH approved course resulting in a professional qualification in Herbal Medicine.	<ul style="list-style-type: none"><li>• Full voting rights at members' meetings</li><li>• Quarterly Journal – "The Herbalist" (PDF only)</li><li>• Notification of relevant and CPD-accredited events</li><li>• Updates on changes to herbal legislation</li></ul>

### Membership fee

The yearly Student membership fee is £25 for the period 1st May to 30th April the following year. This fee remains the same regardless of when in the year the application is received – in other words, there is no pro-rata fee reduction throughout the year. A cheque for £25 must be enclosed and made payable to 'The Association of Master Herbalists'.

### Section A

Name  Title  Date of Birth

#### Contact Details

Address:	Home Phone:
	Work Phone:
	Mobile:
	E-mail:
County:	
Postcode:	

Nationality: UK  EU  Other (please state)

If other, do you require a work permit or visa? Yes / No (*delete as appropriate*)

### Section B

#### Current and Planned Study

Qualification	Name of Course Provider e.g. School	Course Start Date and Duration
Herbal medicine		
Iridology *		

\* If you are not studying Iridology, please supply details of other diagnostic techniques you are learning. Acceptance of alternative diagnostic techniques is subject to approval by the AMH Council

#### Educational Qualifications (post-school leaving age). Please continue on a separate sheet if necessary

Qualification	Institution	Date of qualification

#### Other qualifications (other qualifications or awards not listed above) Please continue on a separate sheet if necessary

Qualification	Institution	Date of qualification

#### Other Complementary or Alternative Medicine Skills

Please give details of other CAM therapies currently practised or being studied. Please continue on a separate sheet if necessary.

--

## Section C

### Membership of Professional Associations (UK or overseas)

Please provide name and address of professional organisation(s) and joining date

## Section D

Other occupation(s) in which you are currently employed:

Please list your reasons for wishing to join The Association of Master Herbalists

## Declaration

*If you answer is yes to any of the questions below, please give details on a separate sheet.*

Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge? Yes / No

Have you had civil proceedings (other than a divorce/dissolution of marriage or civil partnership) brought against you? Yes / No

Have you been disciplined by a professional or regulatory body or your employer? Yes / No

Have you ever been refused admission to a professional register? Yes / No

Do you have any physical or mental health condition that would impair your fitness to practise the profession to which your application relates? Yes / No

- I enclose a cheque for £25 in payment of the subscription up to 30<sup>th</sup> April 2019  
Please make cheques payable to: The Association of Master Herbalists
- I enclose a C.V. (This needs to cover your life history, job history, achievements and skills)
- I enclose a recent head and shoulders photograph of myself signed on the back

*On signing this I submit that the information given is correct and that I am happy for certain information to be verified*

Signature .....

Date .....