

Please complete and return this Application Form and Database Questionnaire with your membership fee to Tracey Long - ACPOHE Membership Administrator. Upon receipt a new members pack will be sent to you. If you have any queries please contact Tracey Long at acpohe@rehabworks.co.uk or the ACPOHE Membership Secretary Therese Darcy at therese.darcy@synergyhealth.co.uk

ACPOHE



MEMBERSHIP APPLICATION FORM

Full name: _____

Home address: _____

Work address: _____

Tel. No: _____

Fax No: _____

E-mail: _____

Qualifications _____
(eg MCSP, MSc etc)

Areas of special interest/expertise:

Membership of other Special Interest Groups (SIGs):

Current job title: _____

Signature: _____

Date: _____

**Membership fee...£35 (overseas members £40 to cover postage)
Please enclose cheque made payable to ACPOHE**

ACPOHE



Register of Members Database

Please complete this form by either inserting the details, ticking or circling the appropriate response.

(please print clearly, with black pen!)

Home Details

Title	Dr/Mr/Mrs/Miss/Ms/Prof	DOB	
First Names			
Surname			
Home Address			
Town/City			
Postcode			
Tel No.			
Mobile		Fax	
Email		Website	

Employers Name			
Department			
Address			
Town/City			
Postcode			
Tel No.		Fax	
E-mail		Website	

Work addresses (up to three and if different from above)

Company Name	W1	W2	W3
Department			
Address			
Town/City			
County			
Postcode			
Tel No.			
Fax			

Please tick preferred mail address	Home	Employer	W1	W2	W3
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Please tick if you <i>are happy</i> for ACPOHE to distribute information to the third parties					
Other ACPOHE members	Other Occ/Medical Groups	For research purposes	For Marketing Purposes	To other commercial organisations	

Please send these forms to:
Ms Tracey Long
ACPOHE Membership Administrator
c/o Bury Physio
Maynewater Lane
Bury St Edmunds
Suffolk IP33 2AB