



WEHO UK

Represents Spagyric Electro Homoeopathic Worldwide

HEAD OFFICE
LONDON
info@weho.co.uk

Fax: 00442476243825

WEHO APPLICATION FORM

Please attach two passport size photos along with copy of previous qualifications.

USE CAPITAL LETTERS

Title Dr [] Mr [] Miss [] Mrs []

Name _____ Surname _____

Date of Birth _____ Registration No _____

If Practising, Name, Address _____

_____ Postcode _____ Country _____

Permanent Address _____

_____ Postcode _____ Country _____

Telephone No: Home _____ Work _____

Fax No: _____ Email _____

Academic Qualifications _____

Professional Qualifications _____

Name Address of College/Board _____

Any other membership of professional organisation _____

How did you heard about WEHO _____

I wish to join as a • Student [] • Associate [] • Registered member [] • Practitioner Member [] • WEHO UK Practice []

I enclose my Cheque/ Postal Order for the total amount of _____ payable to WSHO UK

I agree to abide by the rules and conditions of WEHO and the information given above is correct and accurate to the best of my Knowledge.

Date _____ Signature _____

For office use only

Application receive on _____ Membership fee received total _____

Application accepted/ refused by _____ certificate Issuing date _____

Official Receipt No _____ Dispatch No _____

