

## AHPN Membership Application

Organisation Details		
Organisation name:		
Primary address:		
Town/City:	Postcode:	Registered charity number:
Areas where you work:		
Main phone:	Main fax:	Website:
Organisation type (e.g. CBO, statutory):		
Focus of work - delete as appropriate: Health, HIV, Mental Health, Cancer, Diabetes, Stroke, TB, Immigration, Policy Other (please state):		
Services you provide - delete as appropriate: Advice and Counselling, Care Services, Peer Support, Education, Prevention, Welfare Other (please state):		

### Primary Contact Details

Title:	First name:	Last name:
Job title:	Contact phone:	Email:

### Secondary Contact Details

Title:	First name:	Last name:
Job title:	Contact phone:	Email:

### Membership

Type applied for - delete as appropriate: Organisation or Individual	Organisation annual income*:
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Membership fee\* - delete as appropriate:  
£10 individual, £60 if income < £5million p.a., £250 if income > £5million p.a.

\* please note all income will be checked against Charity Commission records to ensure the correct fee is charged

Fee enclosed\* - delete as appropriate:  
Yes or No

Please pay by cheque made out to African Health Policy Network

\* please note your application will not be processed until correct payment is received

### Signature

Signature:	Print name:	Date:
Job title:	Contact phone:	Email:

Return your form and cheque by post to Jacqueline Stevenson at the address at the top of the form. Mark your envelope 'Membership Application'.

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