



**PARLIAMENTARY GROUP  
FOR  
INTEGRATED AND COMPLEMENTARY HEALTHCARE**

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**MEMBERSHIP FORM 2009**

**Name:** .....

**Position:** .....

**Organisation:** .....

**Address:** .....

.....

.....

**Telephone Number:** .....

**Date:** .....

**E-Mail:** .....(invitations are sent by e-mail)

I enclose **£75** for **associate membership (standard)** \_\_\_\_\_

I enclose **£300** for **associate membership (corporate)** \_\_\_\_\_

Please return this form with a cheque, **made payable to the PGICH**, to the above address.

**THANK YOU FOR YOUR SUPPORT**