

General Council and Register of Naturopaths

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APPLICATION FORM FOR FRIEND OF NATUROPATHY

1. PERSONAL INFORMATION

Surname:	<input type="text"/>
First Name:	<input type="text"/>
Other names in full:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
County / Postcode:	<input type="text"/>
Email address:	<input type="text"/>
Contact Number:	<input type="text"/>
Nationality:	<input type="text"/>
Gender:	<input type="text"/>
Date of birth:	<input type="text"/>

2. FRIEND OF NATUROPATHY

Applicants are informed that Friend of Naturopathy will be open to any member of the public. The cost of becoming a Friend of Naturopathy will be £30 per annum. Friends of Naturopathy will not be eligible to call themselves naturopaths or any other term suggesting that they are a naturopathic professional. Friends of Naturopathy will be eligible for discounts to events, online webinars and benefits as deemed appropriate by the GCRN executive Council.

Application fee £ 30.00*

* Annual fees are renewed by the 31st March.

Please send a cheque or money order, made payable to GCRN, in pounds sterling only for the Friend of Naturopathy fee with your application form. Payment can also be made by PayPal. Please enquire at admin@gcrn.org.uk for details.

3. DECLARATION

The General Council and Register of Naturopaths reserves the right to cancel any membership should it be found that you are promoting yourself in any way to be a registered naturopathy or call yourself a naturopath. Any applicant found to breach these terms will automatically be removed as a Friend of Naturopathy. Your completion of this form and your return of it to the GCRN signifies your agreement to this fact.

I declare that all information supplied in support of my application for Friend of Naturopathy with the General Council and Register of Naturopaths is, to the best of my knowledge, accurate and true. I understand that the Registrar may take steps to verify any information supplied by me in support of my application.

Signed: Date:

Name of Applicant:

Yours sincerely



Lisa Smith
Secretary and Registrar GCRN