

Associate Member Application Form

Please complete the form below to become a member of the Human Givens Institute. You can fill out the form by either typing your answers digitally and emailing it to us, or printing it out and filling in your answers by hand to then either post it, or scan and email it to us.

Personal details

Title	(Mr/Mrs/Ms/Dr./or other:)
Address:	
Postcode:	
Elliali auui css.	
m	
Therapeutic or educational areas of interest:	

The annual fee for Associate Members is £60.00. YES NO I am going to make an online payment for my annual membership to the a) HGI and will use my name as a reference. Bank account details are as follows: Account name: Human Givens Institute Ltd Sort code: 30-95-01 Account number: 03281336 BIC: **LOYDGB21103** IBAN: GB98 LOYD 3095 0103 2813 36 YES NO b) I would like to pay by credit/debit card. I will call the office on **01323 811662** to make payment over the phone. YES NO

Please return the completed form by email or post to:

I will setup a standing order with my bank to be paid annually, with

immediate effect and will use my name as a reference.

(Please see bank details above.)

The Human Givens Institute

Church Farm, Church Farm Lane, Chalvington, East Sussex, BN27 3TD

Email: admin@hgi.org.uk

Payment details:

c)

Updated: Jan 2024