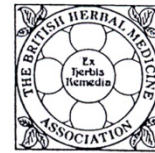


# BHMA

**THE BRITISH HERBAL MEDICINE ASSOCIATION** (LIMITED BY GUARANTEE)

PO BOX 583 EXETER EX1 9GX

Tel: 0845 680 1134 Fax: 0845 680 1136



## THE BRITISH HERBAL MEDICINE ASSOCIATION - ANNUAL SUBSCRIPTIONS

BHMA Membership Categories		Please tick the appropriate box
Retail Stores & Herbal Practitioners membership	<b>£104.00</b>	
Individual membership	<b>£66.00</b>	
Student membership	<b>£20.00</b>	
<b>BHMA Company Members</b>		
Company members with sales of herbal products exceeding £2 million plus VAT Total	£1,820.43 £318.57 <b>£2,139.00</b>	
Company members with sales of herbal products in the range £1 - £2 million plus VAT Total	£1,468.94 £257.06 <b>£1,726.00</b>	
Company members with sales of herbal products in the range £500,000 - £1 million plus VAT Total	£1,101.28 £192.72 <b>£1,294.00</b>	
Company members with sales of herbal products in the range £250,000- £500,000 plus VAT Total	£734.47 £128.53 <b>£863.00</b>	
Company members with sales of herbal products in the range £150,000 - £250,000 plus VAT Total	£440.85 £77.15 <b>£518.00</b>	
Company members with sales of herbal products in the range £75,000 - £150,000 plus VAT Total	£332.77 £58.23 <b>£391.00</b>	
Company members with sales of herbal products not exceeding £75,000 plus VAT Total	£242.55 £42.45 <b>£285.00</b>	

### OVERSEAS MEMBERS

*Please add a further £10.00 sterling for extra mailing costs*



# APPLICATION FOR BHMA MEMBERSHIP

Please complete the following in capitals

Title:.....Name: .....

Address: .....

.....

.....

Email address:.....

Please provide details of your Business or Profession

[Students: please state college and course & send proof of student status]:

.....

.....

## I agree with the objectives of the association as follow:

To defend the right of the public to choose herbal remedies and to be able to obtain them freely.

To encourage wider knowledge and recognition of the value of herbal medicine.

To advance the science and practice of herbal medicine by modern techniques.

To promote high standards of quality and safety in herbal remedies.

To foster research in phytotherapy exploring the vast potential of medicinal plants.

**Signed** ..... **Date** .....

I wish to be considered as a (please delete as applicable)

COMPANY / RETAIL / PRACTITIONER / INDIVIDUAL / STUDENT member

and enclose the annual subscription of £ .....

**OVERSEAS MEMBERS – please add a further £10.00 sterling for extra mailing costs.**

**Total payment £**.....

## Payment

Cheques or International drafts, in favour of the **British Herbal Medicine Association**, should be in £ sterling drawn on a UK bank.

Please fill in the following details as registered with the card provider if paying by VISA or MASTERCARD.

Card Number ..... Expiry Date .....

Card Security Code..... [This is the three digit number printed on the signature panel of the credit card]

Cardholder's Signature.....

If the name and/or address given above are different from those registered with the card provider, please provide the Cardholder's details below.

Cardholder's Name .....

Cardholder's Address .....

.....

.....

Please send your application form and payment to:-

**BHMA Membership, PO Box 583, Exeter, EX1 9GX, United Kingdom.**

Or fax to: +44 (0) 845 680 1136