



I, ....., would like to become a member of AFN. An independent national network dedicated to offering support in all aspects of fertility care. The network structure is through virtual contact - through email and via Royal Mail - in addition to contact at seminars and workshops.

I agree to pay an **annual subscription of £40** (2007) towards the AFN's administration, promotion and Continuing Professional Development (CPD).

Please make your subscription cheque payable to **'AFN Group'** (please no cash) and send along with this membership form to:

Helen Newton, Co-ordinator AFN, 48 Shipston Road, Stratford-on-Avon, Warks CV37 7LP

**Membership Details:** *(Please fill in all fields. Thank you)*

<b>Full Name:</b> <i>(including title)</i>			
<b>Email Address:</b> <i>(please print clearly)</i>			
<b>Contact Number:</b>	Home / Clinic: <i>(please delete as applicable)</i> Mobile:		
<b>Correspondence Address:</b>	Post Code:		
<b>Other Addresses:</b> <i>(if applicable)</i>	Post Code: . Post Code:		
<b>BAC Member No.</b>		<b>Year gained Lic.Ac.</b>	
<b>I attended Fertility Part I</b>	Yes / No <i>(please circle)</i>		
<b>Date:</b>	<b>Signed:</b>		

My AFN membership indicates a special interest in the treatment of fertility with traditional acupuncture and presumes a commitment to ongoing study. As a member of the AFN I agree to work in alliance with other members and to work co-operatively and in a manner that engenders peer learning.