

Membership through Exemption Form



FACULTY OF
PUBLIC HEALTH

Please return to membership@fph.org.uk

1. Personal details

Surname:

Forename(s):

Professional title:

Gender:

Postal address:

Email address:

Contact tel no.

Ethnicity:

Date of birth:

2. Employment Details

Workplace name:

Job title:

Workplace postal address:

Workplace email address:

Workplace contact tel no:

Academic & Civil Honours & Degrees:

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3. Professional Registration

Register name:

Register number:

Date of specialist registration:

I confirm that I have specialist registration in public health in the UK by virtue of being a defined specialist on the UK Public Health Register and enclose a copy of my up to date specialist registration documents.

4. Confirmation

I confirm that I wish to be considered for election to Membership

Signature:

Date:

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