**Membership application**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Phone |  |
| E-mail |  |

**Why I want to join LSH:**

**Relevant education and certificates\*:**

|  |  |
| --- | --- |
| Course name |  |
| Institute |  |
| Year |  |
| Additional comments |  |

|  |  |
| --- | --- |
| Course name |  |
| Institute |  |
| Year |  |
| Additional comments |  |

|  |  |
| --- | --- |
| Course name |  |
| Institute |  |
| Year |  |
| Additional comments |  |

|  |  |
| --- | --- |
| Course name |  |
| Institute |  |
| Year |  |
| Additional comments |  |

**Relevant practice/experience:**

|  |  |
| --- | --- |
| Nature of work |  |
| Institute |  |
| Years |  |
| Additional comments |  |

|  |  |
| --- | --- |
| Nature of work |  |
| Institute |  |
| Years |  |
| Additional comments |  |

**References:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **E-mail** |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional comments:**

**\* Please attach CV and relevant certificates**

**I hereby certify that the information contained in this application is correct to the best of my knowledge. I understand that falsifying information is grounds for refusing my membership, or for dismissal after acceptance.**

**I authorize any person or organization listed as reference in this application to provide any and all information concerning employment, education and qualifications. I also authorize the Syndicate to request and receive such information.**

**I agree to abide by the rules and regulations of the LSH and understand that**

**these rules may be changed, withdrawn, added or interpreted at any time.**

**I also agree to adhere to the Code of Ethics.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_