



BAPEN

Advancing Clinical Nutrition

MEMBERSHIP FORM

Please tick the appropriate box, complete in **BLOCK CAPITALS** and return with your fee to:

BAPEN
Secure Hold Business Centre
Studley Road
Redditch
Worcestershire, B98 7LG

Alternatively you can join on-line at www.bapen.org.uk

Full Individual Membership

Category 1

- NHS personnel but Non Founder/Core Group Members £40.00 incl. VAT
 - Members of a Founder/Core Group or Associate Organisation £20.00 Incl. VAT
- List of these organisations on next page*

Category 2

- BAPEN Medical including full Individual Membership £45.00 incl. VAT

Category 3

- Non NHS / Industry / Commercial Membership £60.00 incl. VAT

As a member of BAPEN you are eligible to join ESPEN at a reduced subscription. If you would like to receive an ESPEN Membership Form please tick the box

Payment Options (please tick)

- Credit Card
- Cheque Enclosed
- On-line

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Name on card:

Card Number:

Card valid from: / Card expires: /

Issue number: if applicable Amount:

CSC (last 3 digits on back of your card)

Please tick box to confirm your authorisation to debit this card.

Last Name:	First Name:
Designation (Mr/Mrs/Miss/Ms/Dr/Prof/Other)	Gender:
Job Title:	
Place of Work:	
Number / Street:	
Town:	City:
County:	Postcode:
Tel No:	Mobile:
E-mail (mandatory, used for database identification purposes):	

Address for Correspondence: *if different from above*

Number / Street:	
Town:	City:
County:	Postcode:
Tel No:	Fax No:
E-mail:	

ARE YOU: *(Please tick)*

1. A Member of a Founder / Core Group of BAPEN

- BPNG (Pharmacists)
- NNG (Nurses)
- PEN Group (Dietitians)
- BAPEN Medical
- PINNT (Patients)
 - Patient Carer/Relative Associate

2. A Member of one of the following Associate Organisations:

- British Society of Gastroenterology
- Intensive Care Society
- British Society of Paediatric Gastroenterology & Nutrition
- Primary Care Society
- The Nutrition Society

3. Employee of a Commercial Organisation

Please indicate your Professional speciality (it is possible to tick more than one box)

Academic		Education		Paediatrician	
Academic Research		Hospital Catering		Palliative Care	
Anaesthetist		Industry		Pharmacist	
Care of Elderly		Medical Research		Physician	
Clinical Pathologist		Nurse		Surgeon	
Dietitian		Scientist		Other (please specify)	

Where did you hear about BAPEN:

Advert (if so please specify)

Web-site

Recommendation

Exhibition

Other (please specify)

Signed:

Date:

Data Protection

NOTE: The Data Protection Act of 1984 requires we bring to your attention the fact that information declared on this form will be held on a computer and will be used as part of the BAPEN membership and mailing list.

As a member of BAPEN you will receive information about all BAPEN events, initiatives and materials. Your membership and contact details will never be passed to a third party.

However, from time to time BAPEN may wish to notify you of an educational event or nutrition related product from third parties, which has been vetted as being appropriate. If you DO NOT wish to receive this material from third

parties, please tick here