



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

- Student Members £10.00 incl. VAT
- Retired Members £10.00 incl. VAT
- Nurses and AHPs who are Core Group Members (BPNG, NNNG, PENG) £20.00 incl. VAT
- Nurses & AHPs (Dietitian, Pharmacists, Speech & Language Therapists, etc) £25.00 incl. VAT
- Trainee Doctors £25.00 Incl. VAT
- Scientists (non clinical) and Senior Researches £50.00 Incl. VAT
- Doctors £75.00 incl. VAT
- Non NHS / Industry / Commercial Membership £75.00 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 Direct Debit
Download D/D form, complete & return to BAPEN



Name on Card:

Card Number:

Card Valid from: Card expires:

CSC (last 3 digits on back of card or 4 on front for Amex) Issue Number (if applicable)

Amount to Debit: Date:

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

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

Address for Correspondence: if different from above

Number / Street:	
Town:	City:
County:	Postcode:
Tel No:	Fax No:
Email:	

ARE YOU: (*Please tick*)

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

- BPNG (Pharmacists)
 NNNG (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. A Member of one of the following Societies:

- British Dietetic Association
 Royal College of Nursing
 Royal College of General Practitioners
 Royal Pharmaceutical Society

4. Which Home Counties do you work in: *(please tick one)*

- England
- Northern Ireland
- Scotland
- Wales

5. Employee of a Commercial Organisation

Please indicate your Professional speciality *(tick all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Care of the Elderly | <input type="checkbox"/> Intensive Care | <input type="checkbox"/> PN / HPN |
| <input type="checkbox"/> Community | <input type="checkbox"/> Intestinal Failure | <input type="checkbox"/> Renal |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Metabolic | <input type="checkbox"/> Clinical Nutrition Research |
| <input type="checkbox"/> GI Surgery | <input type="checkbox"/> Oncology | <input type="checkbox"/> Science of Nutrition Research |
| <input type="checkbox"/> Home Enteral Feeding | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Stroke |

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