



## MEMBERSHIP FORM

Please complete as appropriate and return with payment to the **BAPEN Office**, Seven Elms, Dark Lane,  
Astwood Bank, Redditch, Worcestershire, B96 6HB **OR** e-mail to [bapen@bapen.org.uk](mailto:bapen@bapen.org.uk)

### Membership

- |                          |  |                  |
|--------------------------|--|------------------|
| <input type="checkbox"/> | Student Members  | £10.00 incl. VAT |
| <input type="checkbox"/> | Retired Members  | £10.00 incl. VAT |
| <input type="checkbox"/> | Nurses & AHPs who are Core Group Members (BPNG, BSPGHAN, NNG, PENG, PINNT) | FREE             |
| <input type="checkbox"/> | Nurses & AHPs (Dietitian, Pharmacist, Speech & Language Therapist, etc)    | £25.00 incl. VAT |
| <input type="checkbox"/> | BSPGHAN (Doctors)  | FREE             |
| <input type="checkbox"/> | Trainee Doctors  | FREE             |
| <input type="checkbox"/> | Scientists (non clinical) and Senior Researches                            | £50.00 incl. VAT |
| <input type="checkbox"/> | BAPEN Medical (Doctors)  | £75.00 incl. VAT |
| <input type="checkbox"/> | Non NHS / Industry / Commercial Membership                                 | £75.00 incl. VAT |
| <input type="checkbox"/> | Members of PINNT   | FREE             |

*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*

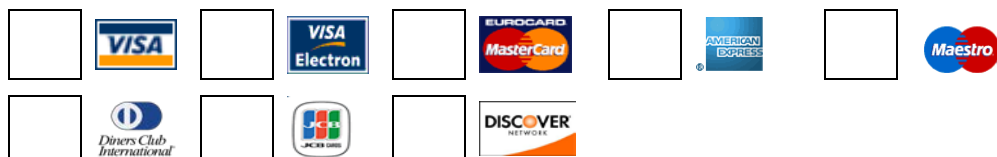
<b>First Name:</b>	<b>Last Name:</b>
<b>Designation:</b> <small>(Mr/Mrs/Miss/Ms/Dr/Prof/Other)</small>	<b>Gender:</b>
<b>Job Title:</b>	
<b>Place of Work:</b>	
<b>NHS Healthcare Region:</b>	
<b>Number / Street:</b>	
<b>Town:</b>	<b>City:</b>
<b>County:</b>	<b>Postcode:</b>
<b>Tel No:</b>	<b>Mobile No: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

**Address for Correspondence:** if different from above

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

**Payment Options** (please tick)

Credit Card     Cheque Enclosed     Direct Debit (please complete separate form)



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:

**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
  - BSPGHAN
2. A Member of one of the following Associate Organisations:
  - British Society of Gastroenterology
  - Intensive Care Society
  - Primary Care 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: \_\_\_\_\_

**BAPEN Members Online Directory**

BAPEN provides a resource where access to fellow member's contact details can be shared, this is to help facilitate joint and collaborative working with like-minded individuals. The Members Only Online Directory is located within the BAPEN Members section of the website, it therefore password protected, available only to BAPEN members and secure.

If you are happy to share your contact details\* with other members please tick here

\*Please note that only contact details are shared amongst members. Details of your membership and any financial information is strictly confidential and not shared with anyone as per our Data Protection policy below.

**General Data Protection Regulation (GDPR)**

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/service from third parties, which has been vetted as being appropriate.

I give consent to receive information from third parties.

Your personal data will be held on a secure server at a data centre in the UK operated by Gyron Internet Ltd. BAPEN will use the information you provide on this form to be in touch with you and to provide updates and marketing. Please let us know how you would like to hear from us:

by Email       by Post

You can change your mind at any time by clicking the unsubscribe link in the footer of any email you receive from us, or by contacting us at [bapen@bapen.org.uk](mailto:bapen@bapen.org.uk). We will treat your information with respect. For more information about our privacy practices please visit our website.

We use MailChimp as our marketing automation platform. By submitting this form, you acknowledge that the information you provide will be transferred to MailChimp for processing in accordance with their Privacy Policy and Terms.

I consent to my information being processed in accordance with these terms.

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**The British Association for Parenteral and Enteral Nutrition**

[www.bapen.org.uk](http://www.bapen.org.uk)

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