

Membership Application Form



Please use **BLOCK CAPITALS** and tick where appropriate

If you require any help completing this form please call **01423 881300** or email: membership@afpp.org.uk

YOUR DETAILS

Title	First name	Surname
Date of birth	Primary email	
Home address		
		Postcode
Home Tel	Mobile	NMC/HCPC PIN
Are you a:		
<input type="checkbox"/> Nurse	<input type="checkbox"/> ODP	<input type="checkbox"/> Student
<input type="checkbox"/> HCA/HCW	<input type="checkbox"/> SCP/SFA	<input type="checkbox"/> Other

YOUR EMPLOYER/UNIVERSITY

Job/Course title	
Employer's/University name	
Employer's/University address	
Department/Faculty	Postcode
Email	Work Tel
Tutor's signature	Course end date

PRACTICE AREA (tick all that apply)

<input type="checkbox"/> Anaesthetics	<input type="checkbox"/> Education (HEI)	<input type="checkbox"/> Military	<input type="checkbox"/> Recovery	<input type="checkbox"/> Theatre management
<input type="checkbox"/> Education (Clinical)	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Pre-assessment	<input type="checkbox"/> Scrub	

AREAS OF SPECIALISM (tick all that apply)

<input type="checkbox"/> Anaesthetic	<input type="checkbox"/> Decontamination	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Orthopaedics /Trauma	<input type="checkbox"/> Recovery
<input type="checkbox"/> Bariatric	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Obstetrics	<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Urology/Renal
<input type="checkbox"/> Breast	<input type="checkbox"/> ENT	<input type="checkbox"/> Oncology	<input type="checkbox"/> Plastics/Cosmetics	<input type="checkbox"/> Vascular
<input type="checkbox"/> Cardiac/Thoracic	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Ophthalmic	<input type="checkbox"/> Primary Care	
<input type="checkbox"/> Day Surgery	<input type="checkbox"/> Gynaecology	Other, please specify		

FOR LINK MEMBER USE ONLY (if your LINK MEMBER has recommended AfPP to you, please ask them to complete this section)

Your Link Member name
Hospital

MEMBERSHIP SUBSCRIPTION BY DIRECT DEBIT (tick one category and payment frequency)

	Monthly payment	Annual payment
Registered Member	<input type="checkbox"/> £8.75	<input type="checkbox"/> £105
Non-registered Member	<input type="checkbox"/> £7.25	<input type="checkbox"/> £87
Student Member	<input type="checkbox"/> £5	<input type="checkbox"/> £60
Overseas Member	<input type="checkbox"/> £11	<input type="checkbox"/> £132

CREDIT CARD

If you wish to pay by credit/debit card please call 01423 881300.

DIRECT DEBIT INSTRUCTION

To the manager

(Name of Bank or Building Society)

Address

Postcode

Please pay The Association for Perioperative Practice Direct Debits from the account detailed on this instruction subject to the safeguards of the Direct Debit Guarantee.

I understand that this instruction may stay with The Association for Perioperative Practice and details will be passed electronically to my bank/building society.

Your signature

Date

Name(s) of account holder(s)

Bank/Building Society account number

For office use only. Ref (membership no)

Branch sort code (six figures)
 - -
AfPP OIN code: 75-10-62**HOW YOU HEARD ABOUT US**

- AfPP publication
 Colleague
 Hospital visit
 Internet
 AfPP event
 Non-AfPP event
 University visit
 Via a link member

Other, please specify

Please tick here if you would like to receive more information on Medical Liability Insurance

How we use your information: Your details will be added to the AfPP database in order to process your request and so that you can be kept up-to-date with relevant details of our membership services. From time to time we may provide members with information from AfPP's partner companies that may be appropriate.

If you do not wish to receive further information from partner companies, please tick the box.

The Link Member in your hospital and your local Regional Team Lead will want to tell you about networking and training events.

If you do not want us to share your contact details with these members, please tick the box.

Signature

Date

The Association for Perioperative Practice is a registered charity number 1118444 and a company limited by guarantee, registered in England number 6035633. AfPP Ltd is its wholly owned subsidiary company, registered in England number 3102102.

The registered office for both companies is Daisy Ayris House, 42 Freemans Way, Harrogate HG3 1DH.

