



Membership No:	
Registration Date:	
FOR OFFICE USE ONLY	

Tel: 0116 2776999

Fax: 0116 2776272

Email: membership.services@ukcpa.com

PLEASE COMPLETE IN BLOCK CAPITALS

Membership Application Form

Name:	Mr/Mrs/Ms/Dr (other, please specify):
	Forename(s):
	Surname:
Correspondence Address:	
	Postcode:
Contact Tel. No.	
<small>(Please include extension number and/or bleep number)</small>	
Email Address:*	

*Please ensure you are permitted to receive email circulars at this address.

RPSGB No:		Year of Registration:	
Position/Title:			
Job Grade:			
Place of Work:			
Hospital <input type="checkbox"/>	Academic <input type="checkbox"/>	Community <input type="checkbox"/>	Industry <input type="checkbox"/>
Student <input type="checkbox"/>	Other: (please specify) <input type="checkbox"/> _____		

I wish to apply for UKCPA membership

- I enclose: A signed direct debit mandate. I understand that my membership fee will be debited from my account immediately and thereafter, with due notice, on the anniversary of the month of my joining.
- A cheque or postal order made payable to UKCPA.

I understand that I will be sent a reminder when my membership is due for renewal.

Do you wish to receive postal updates, information and newsletters direct from UKCPA? This includes the quarterly newsletter 'In Practice', Award leaflets, the UKCPA Educational Programme, Symposia Programmes and other relevant literature. **Please tick the box to confirm**

If you do not opt in to receive UKCPA mailings you may miss out on important information!

AREAS OF INTEREST

The UKCPA has a number of interest groups. Please indicate your particular areas of interest. Please add others areas which are not listed that you are interested in.

Please tick as appropriate:

A = I am involved in this area; and/or

B = I have an interest in this area

C = I would like to join the UKCPA Group for this area

No.	Topic	A	B	C
1.	Education and Training			
2.	Medicine Safety and Quality			
3.	Critical Care			
4.	Care of the Elderly			
5.	Community			
6.	Infection Management			
7.	Cardiology			
8.	Respiratory			
9.	Surgery and Theatres			
10.	Diabetes			
11.	Leadership Development (joint group with GHP)			
12.	Emergency Care			
13.	Rheumatology (electronic newsgroup only)			
14.	Pain Management			
15.	Gastroenterology and Hepatology			
16.	Senior Pharmacy Managers (electronic newsgroup only)			
17.	I.T (joint group with GHP)			
18.	Haemostasis, Anticoagulation and Thrombosis (HAT)			
19.	Dermatology			
20.	Stroke (electronic newsgroup only)			
21.	Neurosciences			

Signed: _____ Dated: _____

Should any of the above details change, please notify us as soon as possible.

Please tell us how you heard about the UKCPA: _____

What prompted you to join the Association: _____