



Renal Association/BAPN Membership Application

Renal Association

BAPN

Please indicate which membership you are applying for

Renal President: Dr Charlie Tomson
Renal Honorary Secretary: Lorraine Harper

BAPN President: Mary McGraw
BAPN Honorary Secretary: Sally Feather

Title: Dr/Professor/Mr/Mrs/Ms/Miss

Male/Female

First Name:

Surname:

Job Title:
e.g. Consultant, Registrar

Hospital Name:

Correspondence Address: Work Home Address

Post Code:

Telephone: Mobile:

Email Address:

Date of Birth:

Proposer:
BAPN members require 2 Proposers, Renal members require 1 Proposer

(Name) (Name)

(Signed) (Signed)

OR

National Training Number:
(For SpR's only, if providing a NTN you do not require a Proposer)

Signed: Date:

Please indicate your preferences below:

Please tick

- I do not wish the Renal Association/BAPN to send me information relating to the associations objectives and day to day affairs
- I do not wish to be included in the online database of members which is accessible only to members via a password protected area
- I do not wish the Renal Association/BAPN to pass my contact details to other related associations when they feel that the information will be of value to me

If you do not let us know your wishes we will assume that you are happy for us to include your details in any databases we produce as well as providing your details to appropriate 3rd parties.

How did you hear about the Renal Association? Flyer
 Website
 Word of Mouth
 Course/Event
 Other (Please Specify)

Which method would you like to use to vote? Paper email

Membership Category

Are you currently registered to practice medicine? Please tick the box below that is relevant to your position.

Yes I am registered to practice medicine	
Clinical £100	Non Consultant £50
Professor, Consultant, Reader, Senior Lecturer or GP	Trainee, SpR, Staff Grade, Associate Specialist or Clinical Lecturers
Scientist £50	
BAPN SPIN £30	
Paediatricians with an interest in Nephrology	
Medical Student*, Nurse, Professionals Allied to Medicine or Technician £30	
<small>* Pre-qualified, not registered to practise medicine</small>	
Corresponding Member £30	
<small>Members with an overseas address who will only receive email communications.</small>	
Retired £10	

No I am NOT registered to practice medicine	
Non-Tenured, Non-Clinical £40	Non Clinical £50
Post doc or Non-Clinical Lecturer	Professor, Reader & Senior Lecturer * <small>* not clinically registered</small>
Scientist £50	
Corresponding Member £30	
<small>Members with an overseas address who will only receive email communications.</small>	
Retired £10	

Payment Method

- UK Cheque, enclosed and made payable to the Renal Association
- Credit card details (complete below) * please note we not accept American Express
- PLUS, a completed direct debit mandate for annual renewal process

Credit Card Number:	
Type of Card	
Valid from date:	
Expiry date:	
CW number <small>(3 digit number on reverse of card)</small>	
Issue number (if applicable)	
Name on card	
Address <small>(at which card is registered)</small>	
Signed	

Please return to:

Renal Association/BAPN
Durford Mill
Petersfield
Hampshire
GU31 5AZ

Renal Association Tel: 0870 458 4155
BAPN Tel: 0845 1800 340
Fax: 0870 442 9940
Email: renal@mci-group.com
Email: BAPN@mci-group.com

The
Renal
Association

Instruction to your
Bank or Building Society
to pay Direct Debits



**Please fill in the whole form, including your bank's address, and send it to:
The Renal Association, c/o Durford Mill, Petersfield, Hampshire, GU31 5AZ**

Name(s) of account holder(s)

Branch sort code

(from the top right hand corner of your cheque)

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Bank or Building Society account number

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Renal Assn Membership number

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Instruction to your Bank or Building Society

Please pay Renal Association Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee

Please complete the name and full postal address of your Bank or Building Society branch in the box

To: The Manager

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Signature(s)

Date

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, you will be told of this in advance by at least thirty days as agreed.
- If an error is made by us or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time, by writing to your Bank or Building Society. Please also send a copy of your letter to us.