

## Renal Association/BAPN Membership Application 2017 Free Membership – Clinical Trainees & PhD Students

Please indicate which membership you are applying for:

**Renal Association** ☐

Renal Association President: Donal O'Donoghue  
Renal Association Honorary Secretary: Alison Brown

**BAPN** ☐

BAPN President: David Hughes  
BAPN Honorary Secretary: Martin Christian

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

Male/Female

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

*e.g. Clinical Trainees, Junior SpRs, PhD students*

Hospital Name: \_\_\_\_\_

Please tick the box if you are a non-medically qualified scientist ☐

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/ST's only, if providing a NTN you do not require a Proposer)*

For overseas trainees please provide a letter from your mentor and/or training director to confirm your status as a trainee on the accredited training program ☐ Attached

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

## Terms & Conditions

- Free membership applies to Clinical Trainees, Junior SpRs, PhD students etc. only
- Free membership is only valid from 1<sup>st</sup> January 2017 until 31<sup>st</sup> December 2017. This offer does not extend into 2018
- Offer is subject to completion of a direct debit form for payment of 2018 membership
- Offer is subject to completion of a membership application form
- Applicants will receive full benefits of membership
- Proposer or National Training Number required upon application
- This offer excludes existing or lapsed members of the Renal Association

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## Please return to:

Post: Renal Association/BAPN Secretariat  
Durford Mill  
Petersfield  
Hampshire  
GU31 5AZ

Fax: 0870 442 9940

Email: [renal@mci-group.com](mailto:renal@mci-group.com)

## FOR INTERNAL USE ONLY

Date received.....

2016 Payment:

New DD mandate received ☐

iMIS:

Payment methods tab updated ☐

Member's details checked/updated ☐

Notes added ☐

Date actioned .....

The  
Renal  
Association

Instruction to your  
Bank or Building Society  
to pay Direct Debits



**Please complete the form in full, including your bank's address, and return to:  
The Renal Association, Freepost RSTJ-HGBJ-UJKU 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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Please complete the name and full postal address  
of your Bank or Building Society branch in the box

To: The Manager

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

Signature(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

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.