

Renal Association/BAPN Membership Application

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. Consultant, Registrar

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 to be included in the online database of members which is accessible only to members via a password protected area

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.

Membership Category

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

N:B if you work Less than full time LTFT (less than 70% i.e. 7 PAs or less), you can benefit from the 30% discount rate. Please ensure that you tick the correct box to ensure that you receive the correct rate.

Category	Description	Examples	Membership Rate	Rate	Direct Debit Rate	LTFT (less than 70%) Receive a 30% discount
1	Consultant	Consultant nephrologist or paediatric nephrologist Honorary consultant/senior lecturer/ Professor Associate specialist	A	£145	£130	£101.50
2	Consultant in related specialty	Consultant in AIM with renal interest; BAPN SPIN Consultant	B	£72	£67	£50.40
3	Non-Consultant grade (NCG) Doctor	Staff grade/trust doctors (Associate specialists are in category 1)	B	£72	£67	£50.40
4	Clinical trainee	Includes clinical lecturers	B	£72	£67	£50.40
5	GP with renal interest		C	£44	£42	£30.80
6	Clinical trainees in related specialties	AIM trainees with a renal interest; BAPN Paediatric SPIN trainees	c	£44	£42	£30.80
7	Multi-disciplinary team member including UKRR staff	Nurse, dietitian, Technician, Physician's Assistant, UKRR or senior statistician or other MDT member	C	£44	£42	£30.80
8	Overseas member	Includes ROI	B	£72 (B)	£67 (B)	£50.40
			D for overseas countries defined as low income	£16 (D)	£12 (D)	£11.20
9	Post- doctoral scientist	Non- clinical post- doc fellow or clinical lecturer	B	£72	£67	£50.40
10	Pre-doctoral scientist	Non- clinical PhD student, graduate research assistant	C	£44	£42	£30.80
11	Retired member	Retired colleagues or all categories (or not in employment for >3m) Medical student member	D	£16	£12	n/a
12	Honorary member	By invitation only	No fee	No fee	No fee	n/a

Payment Methods

- ☐ UK Cheque, enclosed and made payable to the Renal Association
- ☐ Credit card details (complete below) * please note we do not accept American Express
Please note the transaction will appear on your statement as MCI UK
- ☐ Bank transfer (details of which are below), please inform us when you have made the bank transfer so we can inform our finance department
- ☐ PLUS, a completed direct debit mandate for annual renewal process

Please Send Bank Transfers To:-

Bank of Scotland

West End Office

Account Payee: The Renal Association

Account No: 00942712 **Sort Code:** 12-11-03

Swift Code: BOFSGB21238 **IBAN:** GB12 BOFS 1211 0300 9427 12

Alternatively please pay by credit card by completing the form below:

Card Number																	Expiry Date				
Card in name of																			Month	Year	
Type of card	VISA (3.5% transaction charge applies)				MASTERCARD (3.5% transaction charge applies)				Security Code												
	AMERICAN EXPRESS (5% transaction charge applies)																				
	(delete as appropriate)																				
Address (at which card is registered)																					
Cardholders Signature												Date									
Please note that your credit card statement will show that the payment has been taken by MCI UK Ltd																					

Please return to:

The Renal Association
Freepost RSTJ-HGBJ-UJKU
 Durford Mill
 Petersfield
 Hampshire
 GU31 5AZ

Renal Association
 BAPN

Tel: 01730 715215
 Tel: 0845 1800 340
 Fax 01730 715 291

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, 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

--	--	--	--	--	--	--	--

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.