



British Chiropody & Podiatry Association East Anglia

MEMBERSHIP APPLICATION FORM - 2009/2010

Title: Mr, Dr, Mrs, Miss, Ms, Other.....

Surname (IN CAPITALS):.....

Christian Name(s) (IN CAPITALS).....

Home address:..... Business address:.....

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Postcode:..... Postcode:.....

Tele: Home:..... Business:.....

Mobile:..... E-mail:.....

SMAE Qualifications (Chiropodist or FHP/FCP etc.):.....

SMAE Membership Number:..... Year and Month of qualification:.....

Other professional qualifications:.....

Additional areas of expertise:.....

Interests, hobbies etc.....

HPC Registered Number.....

Please indicate by strike through or complete as appropriate, the following statements

- a) I have a full-time surgery / part-time surgery (**Show as Business address above**)
- b) I work in a surgery not my own - Contact address:
.....Post Code:..... Tel:
- c) I have a Domiciliary practice.

I enclose a cheque for **£40.00** made payable to "BChA East Anglia" to cover my initial joining fee of **£5** and a membership subscription of **£ 35** for the year 1 September 2009 to 31 August 2010.

A receipt will be issued, together with a Branch Identification badge.

I will send a digital passport style photograph of me by e-mail to Secbchaea@dsl.pipex.com (preferred option)
OR
I enclose a passport photograph with my name printed in capitals on the back (Please delete as applicable)

I agree / I do not agree to the information on my qualifications and expertise being included in a Branch booklet of members (Please delete as applicable)

I agree / I do not agree to the information on my qualifications and expertise being included on the Branch website (Please delete as applicable)

Signed:..... Date:.....

PLEASE ALSO COMPLETE THE INFORMATION OVERLEAF

Assuming your application is accepted, you are requested to provide the following information for administrative purposes:

I am a Vegetarian / Vegan **YES/NO** (Please delete as applicable)

Any special dietary requirements.....

Any main course dishes that cannot be eaten for lunch e.g. lamb, liver, beef, fish, etc.....

.....

The completed form should be submitted with your cheque to:

Mrs G C Bathurst
25 High Street
Hemingford Grey
Huntingdon
Cambs
PE28 9BJ

THE FOLLOWING MEETING DATES HAVE BEEN PLANNED FOR 2010 AND SHOULD BE PUT INTO YOUR DIARIES:

13 FEBRUARY, 12 JUNE, 11 SEPTEMBER AND 20 NOVEMBER

Please indicate below your interest in the following proposed events:

1. An Appointed Persons Training course on 17 April (Certificated for three years) **YES** **NO**

2. Instruction on personal safety, to be the morning session of one of the main meetings above

YES **NO**