



# British Chiropody & Podiatry Association East Anglia

## MEMBERSHIP APPLICATION FORM - 2005/2006

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

Surname (IN CAPITALS):.....

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

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

.....

.....

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 **£35.00** made payable to "BChA East Anglia" to cover my initial joining fee of **£5** and the membership subscription of **£ 30** for the year 1 September 2005 to 31 August 2006.

**I require a receipt / I do not require a receipt.** (Please delete as applicable)

I will send a digital passport style photograph of me by e-mail to [Secbchaea@aol.com](mailto:Secbchaea@aol.com) **OR** I enclose a passport photograph with my name printed on the reverse

**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)

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.....

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## PROPOSED WORKSHOPS IN 2006

**Please put a cross in your interests and preferred options**

### 1. THE HIGH RISK FOOT - 24/25 FEBRUARY

Details of this course were contained in the 50<sup>th</sup> issue of Foot Steps.

I am interested and enclose the £30 deposit

I am not interested

### 2. DERMATOLOGY

It is proposed to try and arrange a full day workshop on a Saturday in May, which will cover:

- Signs of systemic disease
- Verruca
- Common skin diseases
- Drug reactions
- Skin manifestations in Diabetes Mellitus

I would be interested **8 May**  **15 May**  **22 May**  **29 May**

I am not interested

### 3. HOW TO MAKE MONEY IN YOUR PRACTICE

This course would probably take place on a Saturday in late October or early November, and would be at a reasonable cost to Members. Your interest is requested before preparations are advanced.

I would be interested

I am not interested