



Membership No:	
Registration Date:	
FOR OFFICE USE ONLY	

Tel: 0116 2776999

Fax: 0116 2776272

Email: membership.services@ukcpa.com

PLEASE COMPLETE IN BLOCK CAPITALS

Membership Application Form

Name:	Mr/Mrs/Ms/Dr (other, please specify):
	Forename(s):
	Surname:
Correspondence Address:	
	Postcode:
Contact Tel. No.	

(Please include extension number and/or bleep number)

Email Address:*

*Please ensure you are permitted to receive email circulars at this address.

GPhC No:	<input style="width: 90%;" type="text"/>	Year of Registration:	<input style="width: 90%;" type="text"/>
Position/Title:	<input style="width: 100%; height: 20px;" type="text"/>		
Job Grade:	<input style="width: 100%; height: 20px;" type="text"/>		
Place of Work:	<input style="width: 100%; height: 40px;" type="text"/>		

Hospital
 Academic
 Community
 Industry
 Student
 Other: (please specify)

I wish to apply for full UKCPA membership; or
 I wish to apply for overseas electronic membership only. I understand I will not receive any postal mailings and should, instead, refer to the UKCPA website.

I enclose: A signed direct debit mandate. I understand that my membership fee will be debited from my account immediately and thereafter, with due notice, on the anniversary of the month of my joining.
 A cheque or postal order made payable to UKCPA.

Signed: _____ Dated: _____

Should any of the above details change, please notify us as soon as possible.

Only available to full UKCPA members: Do you wish to receive postal updates, information and newsletters direct from UKCPA? This includes the quarterly newsletter 'In Practice', Award leaflets, the UKCPA Educational Programme, Symposia Programmes and other relevant literature. **Please tick the box to confirm**

If you do not opt in you will not receive any postal mailings from the UKCPA!

Please tell us how you heard about the UKCPA:

What prompted you to join the Association:
