

Membership Application Form

This form covers all types of association memberships. Please select the category you wish to apply for and complete all sections. Provide as much information as possible as this will help us process your application quickly and efficiently.

Please ensure the email address you provide is accurate this will be used to communicate with you about your application and to keep you updated on AHCP activities and developments in future.

Once you have completed all sections please return the form as an email attachment to information@ahcp.co.uk

Contact Name	
Position	

Establishment		
Address		

Postcode		
Telephone (work)		
Email		

Type of Membership you wish to apply for			Qty	Membership Type
		Individual (£55)		Retired (£10)
		Group 3-10 (£50 each)		Student/Trainee (£10)
		Group 11-25 (£45 each)		Supplier Individual (£250)
		Group 25+ (£40 each)		Sponsor (£600) Sponsor + (£75) Sponsor Additional National (£200)
		Supervisor (£30)		NHS Corporate POA

Branch you would like to join:	<input checked="" type="checkbox"/>	Branch
		Midlands
		North West
		Northern England
		Northern Ireland
		Scotland
		Southern England
		Southern Ireland
		Wales
		Western
		Yorkshire & Trent

Group Member Details (name, occupation and email address)
Invoice Address

Do you require a purchase order number to be quoted?	YES	NO
How did you hear about the AHCP?		

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