



BPNG Membership Application Form

Your email address:

Home Address

Home Address 1:

Home Address 2:

Town:

Postcode:

County:

Country:

Use as primary address (please tick)

Work Address

Name of current employer

Trust:

Hospital:

Department:

Work Address 1:

Work Address 2:

Town:

Postcode:

County:

Country:

Use as primary address (please tick)

Existing Member

New Member

My Profession: (Please tick all that are appropriate)

Dietitian

Scientist

Nutritionist

Patient/Carer

Nurse

Doctor

Pharmacist

Other Professional

Area:

Clinical

Academic

Community

Other

BPNG Membership Fee: £20 for 12 months

Please make cheques payable to "BPNG" and post to BPNG Memberships, 44 Genas Close, Barkingside, Essex IG6 2PJ.

Signed:

Date:

As a member of the BPNG, you will receive information about all BPNG events, initiatives and materials. We will never pass your details onto a third party. However, from time to time, BPNG may wish to notify you of events from third parties. Please tick here if you do not wish to receive such material