



BPNG Membership Application Form

If you would like to register and pay online, please go to www.bapendatabase.org.uk/bpng_registration_1.php

Your email address:

Title: First Name: Last Name:
Sex: Telephone: Mobile:

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 Membership Number:

My Profession: (Please tick all that are appropriate)
 Dietitian Scientist Nutritionist Patient/Carer
 Nurse Doctor Pharmacist Other Professional
Area: Clinical Academic Community Other

Membership Fees:
Our annual membership price is £20 for individual members and £150 for corporate bodies. Please make cheques payable to: **The BPNG** and post with this application form to **BPNG Office, P.O. Box 5784, Derby, DE23 1WU**

Official Use Only
Date received
Cheque Number
Invoice Number
DB Cert AC

Signed: Date:

As a member of BPNG you will receive information about all BPNG and BAPEN events, initiatives and materials Your membership and contact details will never be passed to a third party. However, from time to time BPNG and BAPEN may wish to notify you of an educational event or common product from third parties, which has been vetted as being appropriate. If you DO NOT wish to receive such material, please tick here