

NAMPS



Application for Membership 2009/2010

Please note that confidentiality will be observed on all your responses in accordance with the Data Protection Act and data will only be used for global membership analysis. From time to time your details will be passed to NAMPS forum representatives to bring to your attention products and services of interest.

Please complete this form in **BLOCK CAPITALS**

Surname:				First name(s):			
Previous Surname: <i>(if applicable)</i>				Title:			
Job title:				Employer:			
Work address:				Home address:			
Town:				Postcode:			
Town:				Postcode:			
Telephone work:				Telephone home:			
				Mobile:			
Email work:				Email home:			
Deanery:				Membership No:			
Please indicate to which email address you want correspondence to be sent:: Work email <input type="checkbox"/> Home email <input type="checkbox"/>				Please indicate to which mailing address you want NAMPS News sent: Work address <input type="checkbox"/> Home address <input type="checkbox"/>			
Experience in Medical Personnel <i>(please indicate number of years)</i>		Pay band <i>(please circle)</i> 1 2 3 4 5 6 7 8a 8b 8c 8d 9 Confirmed <input type="checkbox"/> Expected <input type="checkbox"/> Can not estimate <input type="checkbox"/>					

Please indicate if you have any of the following qualifications by ticking the relevant boxes:

Degree		MCIPD		IHSM Cert	
CMS		FCIPD		IHSM Dip	
DMS		GRAD CIPD		Cert Personnel Practice	

I enclose a cheque for £15 for 2009/10 membership
 Please make cheques payable to:
National Association of Medical Personnel Specialists.

Signed:

Date:

Please DO NOT send your cheque separately as this will delay your application. We regret that we are unable to invoice Trusts for membership. Please post your completed application form and cheque to:

Karen George, NAMPS Administration, FireFly Events, FireFly House, 51 Little Bushey Lane, Watford, Herts, WD23 4RA