**BGPERT Annual Membership Form -** From 1st April 2024

**GP Membership**

**When paid via standing order** (please complete form below\*)

[ ]  **£300.00** Membership

[ ]  **£200.00** Subsidised Membership – you agree to network with industry colleagues (including pharmaceutical)

 that kindly support our events.

**Nurse Practitioner, Physician Associate, Paramedic, Clinical Pharmacist & Pharmacy Technician Membership**

[ ]  **£200.00** Membership

[ ]  **£170.00** Subsidised Membership – you agree to network with industry colleagues (including pharmaceutical)

 that kindly support our events.

|  |  |  |
| --- | --- | --- |
| Name & title |  |  |
| Telephone number |   |
| GMC/NMC number |  |
| Surgery & address |  |
| Email address |  |
| Please include an email address as we send **all** correspondence via email |
| Role | [ ]  Partner [ ]  Sessional GP [ ]  Locum [ ]  Nurse Practitioner [ ]  Retired GP [ ]  GPST [ ]  Physician Associate [ ]  Paramedic [ ]  Clinical Pharmacist [ ]  Other |
| Area | [ ]  BANES [ ]  Wiltshire [ ]  Somerset [ ]  Bristol [ ]  Other  |

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 **BANK STANDING ORDER MANDATE FORM**

|  |  |
| --- | --- |
| **ACCOUNT TO BE DEBITED** |  |
| Full bank name and address: |  | Sort code: |  |
|  |  | Account Number: |  |
|  |  | Account Name: |  |
| Amount in figures and words | £ |  |  |
| Commencing 01/04/24 **annually** until further notice. This replaces any existing standing order. |
| **BENEFICIARY DETAILS**  |
| Full bank name and address: | Barclays Bank | Sort code: | 20-05-06 |
|  | 4 Southgate Street | Account Number: | 90531901 |
|  | Bath, BA1 1AQ | Account Name: | Bath GP Education Research Trust |
| Authorising signature(s) |  |  |  |