**BGPERT New Members Pro-Rata Membership Form**

We are always pleased to welcome new members to BGPERT throughout the year.

The pro-rata membership fees are listed below, please complete and return this form after transferring your payment to the account detailed below.

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| **New members when joining in;** | **GPs** | **Nurse Practitioner, Physician Associate, Paramedic & Clinical Pharmacist** |
| April, May or June | As above | As above |
| July, August or September | £172.50 | £150.00 |
| October, November or December | £115.00 | £100.00 |
| January, February or March | £57.50 | £50.00 |

|  |  |  |
| --- | --- | --- |
| **YOUR DETAILS:** | | |
| 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  Somerset  Wiltshire  Bristol  Other | |

|  |  |
| --- | --- |
| **ACCOUNT DETAILS:** | |
| **Payable to:** | Barclays Bank |
| **Bank:** | 4 Southgate Street |
| **Bank address:** | Bath, BA1 1AQ |
| **Sort code:** | 20-05-06 |
| **Account Number:** | 90531901 |