**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.

|  |  |
| --- | --- |
| Practice name & contact email |  |
|  |  |
| Area | BANES  Wiltshire  Somerset  Bristol  Other |
| **Please list the names and details of those to be included in your practice membership:** | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name** |  | **Email address\*** |  | **Title/Role** |  | **GMC/NMC number** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | |

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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) | |  | | | |  |  | |