

**BIPA Life Membership / Annual Membership Application Form 2024**

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| Personal Details | | | | | |
| Title: | Surname: | | | | |
| First Name (Given Name): | | | | Middle Name: | |
| Any Awards (details): | | | | | |
| Mailing Address: | | | | | |
| Email: | | | | | |
| Tel No: | | Mobile No: | | | |
| Position: Hospital Doctor (NHS / Private / Independent) | | | | | |
| Status: Trainee/SAS/Consultant/Retired | | | Speciality: | | |
| Place of Graduation: | | | | | Date of Graduation: |
| GMC Registration Number: | | Gender: | | | |
| Date of Birth: | | Ethnicity: | | | |
| Membership Details | | | | | |
| I wish to become a (tick the one applicable) – see the details at [www.bipa.org.uk](http://www.bipa.org.uk) | | | | | |
| Life Member: ☐  £200 One off Payment | | Annual Member: ☐  £50 yearly payment | | | |
| Paying by Bank Transfer: ☐  Llyods bank, British Indian Psychiatric Association;  Sort Code 309950 Account Number 45568263 | | | | | |
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| Declaration | | | | | |
| I support the objectives of BIPA and agree to abide by the rules and regulations of the Association. I consent to being contacted by email/phone by BIPA. | | | | | |
| Signature: | | Name: | | | |
| Date: | |  | | | |
| BIPA Registration Official Use: | | | | | |
| Date of Payment: | | Membership Number: | | | |
| Date Membership Confirmed: | | Date Added to Membership Register: | | | |