

**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: |