

Application for Membership
2010-2012

Applicants Details (please complete both sides)

I wish to apply for New membership Membership renewal

Title	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (Please tick which title applies to you)
Last Name	
First Name	
Professional Title	
Professional Qualifications	
Professional Address	
Address for membership correspondence (if different from above.)	(Note that Home addresses will not be posted on the website)
Professional Telephone number	
Professional Fax number	
Professional Email address	
Main areas of current practice (Tick the boxes against the areas that you are interested in)	<input type="checkbox"/> Paediatrics <input type="checkbox"/> Adults <input type="checkbox"/> Primary Immunodeficiency - out patient clinics <input type="checkbox"/> Primary Immunodeficiency - In patient non BMT <input type="checkbox"/> SCID/ severe ID involving bone marrow transplant (BMT) <input type="checkbox"/> Intravenous immunoglobulin therapy <input type="checkbox"/> Subcutaneous immunoglobulin therapy <input type="checkbox"/> Home Ig therapy <input type="checkbox"/> Other (please specify)

Over →

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Membership Payment Options

(NB. Currently we are unable to take payment by credit card)

- **UK members** pay £32 (i.e. £16 per year) either by cheque or bank transfer- see details below.
 - Although **Non UK members** can pay in Pounds (£32) or Euros (€40) at the INGID meeting, it would be better if you could pay before the meeting. If you do pay before the meeting, when you register for it, you will be able to do so at the reduced registration rate.
 - **Membership runs from 1st June 2010 until 31st May 2012**
 - Please do not send currency. We accept cheque or bank transfers only. Non-UK members can transfer funds from their accounts through their bank - please contact us for details.
- I enclose my completed form and a cheque for £32 or €40 (make cheque out to INGID)
- OR**
- I have enclosed/ faxed my form AND have made a bank transfer into the INGID account for £32 or €40, please contact us for details.

My account is in the name of

Please pay in advance of the meeting to benefit from the reduced registration rates. Payment must be received by June.

SIGNED DATE

Details of where to send this form

Amena Warner
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Department of Immunology and Allergy
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Surrey SM5 1AA
UK

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Thank you for joining INGID. Your next membership renewal will be due by May 31st. 2012.