

MEMBERSHIP APPLICATION FORM



PERSONAL INFORMATION

Title	
First name	
Surname	
Gender	Date of birth (DD/MM/YYYY)
Home address	
Mobile	
Email	

EMPLOYMENT DETAILS

Name of current (most recent) employer/organisation	
Job title	
Start date (DD/MM/YYYY)	End date (DD/MM/YYYY)
Full time	Part time
Work address	
Telephone	

ALL FIELDS ARE MANDATORY

DECLARATION

Code of Professional Conduct - I have read it and agree to abide by the Code of Professional Conduct.

Signature
PLEASE PRINT FULL NAME

Date

FEES

**No fee for BHTA members employees.
£50 per year for non-BHTA member employees.**

BACS PAYMENT

**Account No: 60183229 Sort Code: 40-05-03
Bank: HSBC (Fleet Street Branch)**

Please ensure a remittance advice note or an email is sent to susan.burberry@bhta.com, to ensure your payment is correctly allocated to you.


CREDIT CARD

Unfortunately we are no longer able to accept credit card details via email. If you wish to pay by this method, please telephone the Secretariat on **0207 702 2141**, where any member of staff will be able to take your details.

CHEQUE

Please make all cheques payable to the BHTA. The British Healthcare Trades Association (BHTA) secretariat is processing payment on behalf of the Society.

COMPLETED FORM

The completed form should be emailed to membership@hatsoc.org or by post to:
**Healthcare and Assistive Technology Society
New Loom House · Suite 4.06 · 101 Back Church Lane
London · E1 1LU**
E info@hatsoc.org T 0207 702 2141  [@hatsoc](https://twitter.com/hatsoc)
www.hatsoc.org