

Association of Paediatric Anaesthetists of Great Britain and Ireland

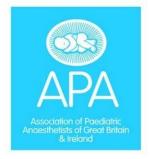
| Please indicate which | ch membership y | e form below and the you are applying for | e direct debit mai | ndate on page 3 | | |
|--|---|--|--|---|--|---------------------------|
| Full membership (9 Affiliate/associate/t | | num) O nip (63 pounds per a | nnum) O | | | |
| Affiliate membersh practitioners with a | | um consultants, staff liatric anaesthesia | grade and associa | ate specialist an | aesthetists and r | nedical |
| Title: | Surname: | | First Name(s): | | | |
| Name of Hospital/Inst | itution: | | | | | |
| | | | | | | |
| Hospital Tel: | | *Email: | | | | |
| *Please ensure the Al routinely forward not | • | ite email address. To fa | cilitate effective co | ommunication wi | th members, the <i>i</i> | APA will |
| Type of Hospital | | | | | | |
| Children's Single | Surgical Speciality | District General | University/te | aching 🗌 | Other | |
| Present Appointment: | | | | | | |
| Qualifications (with da | ates): | | | | | |
| Date of Appointment: | | | | | | |
| hereby apply for Affil of the Company being may be required, not a member and of the c | iate Membership (wound up while I exceeding £1, for p cost, charges and o | as defined in Article 10.4 am a member, or within payment of the debts are expenses of winding up of Association, 2015). | 4.3 of the Articles on one year afterwand liabilities of the (| of Association) of the ords, I undertake the Company contract | the Company and i to contribute such ted before my cea | amount as sing to be a |
| Signature of applicant | : | | Date: | | | |
| | | | | | | |

Honorary Secretary
Association of Paediatric Anaesthetist of Great Britain & Ireland
21 Portland Place
London, W1B 1PY

When completed this save & sign this form and emailed to:

Tel: +44 207 631 8887 Fax: +44 207 631 4352

APAGBIadministration@anaesthetists.org



Association of Paediatric Anaesthetists of Great Britain and Ireland

Who may become a member of the APAGBI?

Membership

Full Members of the Company shall be registered medical practitioners who are:

- consultant anaesthetists, or
- medical practitioners with an interest in paediatric anaesthesia:-

These members can reside:

- in the United Kingdom and EIRE ("Home Members"); and
- in countries out with the United Kingdom and EIRE ("Overseas Members")

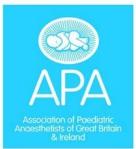
The Council may at their discretion refuse an application for membership.

The following additional categories of membership shall exist within the Company:-

- Retired Members retired membership, which shall be open to full members who have retired from practice and have ceased to pay a subscription
- Honorary Members paediatric anaesthetists or others who have made an outstanding contribution to paediatric anaesthesia
- Affiliate Members Locum consultants, staff grade and associate specialist anaesthetists and medical practitioners with an interest in paediatric anaesthesia who contribute to the aims of the Company
- Trainee Members trainees in anaesthesia (and trainees in other specialties with an interest in paediatric anaesthesia) in the United Kingdom and EIRE who contribute to the aims of the Company

Please note that as a member you can enjoy reduced registration of the ASM and full text of the Journal of Pediatric Anesthesia

You should receive confirmation that your application has been received by email within 14 days.



Association of Paediatric Anaesthetists of Great Britain and Ireland

Please fill in the whole form sign and email it to: APAGBladministration@anaesthetists.org APAGBI Administration (Membership) Instruction to your Bank or Association of Paediatric Anaesthetists of Great Britain & Ireland Building Society to pay by 21 Portland Place London **Direct Debit W1B 1PY United Kingdom** Name(s) of Account Holder(s): Service User Number: 4 7 2 3 4 Reference: Bank/Building Society Account Number: Instruction to your Bank or Building Society Please pay the Association of Paediatric Anaesthetists of Britain and Ireland Direct Debits from the account detailed **Branch Sort Code:** in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with the Association of Paediatric Anaesthetists of Great Britain and Ireland and, if so, details will be passed electronically to my Name and full postal address of your Bank or Building Society: Bank/Building Society. Signature(s): To: The Manager Address: Date:

The Direct Debit Guarantee

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits



If there are any changes to the amount, date or frequency of your Direct Debit **Association of Paediatric Anaesthetists** will notify you (at least 10 working days) in advance of your account being debited or as otherwise agreed, if you request **Association of Paediatric Anaesthetists** to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by Association of Paediatric Anaesthetists or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when Association of Paediatric Anaesthetists asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.