

# Association of Paediatric Anaesthetists of Great Britain and Ireland

Membership Form: Please fill out the form below and the direct debit mandate on page 3.

Please indicate which membership you are applying for

Full membership (95 pounds per annum)

Affiliate/associate/trainee membership (63 pounds per annum)

Affiliate membership is open to locum consultants, staff grade and associate specialist anaesthetists and medical practitioners with an interest in paediatric anaesthesia

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Name of Hospital/Institution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hospital Tel: \_\_\_\_\_ Hospital Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

**\*Please ensure the APA has an up-to-date email address. To facilitate effective communication with members, the APA will routinely forward notices electronically.**

Type of Hospital (Please Circle as appropriate)

Children's      Single Surgical Speciality      District General      University/teaching      Other

Present Appointment: \_\_\_\_\_

Qualifications (with dates): \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

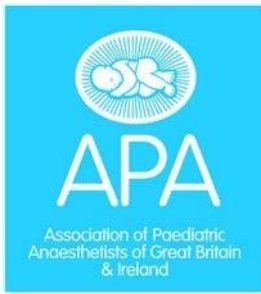
I hereby apply for Affiliate Membership (as defined in Article 10.4.3 of the Articles of Association) of the Company and in the event of the Company being wound up while I am a member, or within one year afterwards, I undertake to contribute such amount as may be required, **not exceeding £1**, for payment of the debts and liabilities of the Company contracted before my ceasing to be a member and of the cost, charges and expenses of winding up and for the adjustment of the rights of contributories among themselves. (See Article 7 of the Articles of Association, 2015).

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

When completed this form should be returned to the:

**Honorary Secretary**  
**Association of Paediatric Anaesthetist of Great Britain & Ireland**  
**21 Portland Place**  
**London, W1B 1PY**  
Tel: +44 207 631 8887 Fax: +44 207 631 4352  
Email: [APAGBIadministration@anaesthetists.org](mailto:APAGBIadministration@anaesthetists.org)

(The APAGBI Privacy Policy on how your data will be used can be found here <https://www.apagbi.org.uk/privacy-policy> )



# 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**")

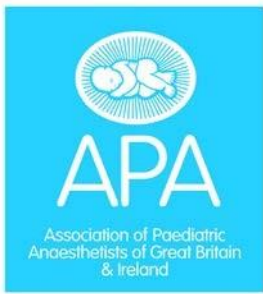
The Council may at their discretion refuse an application for membership.

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 using a ball point pen and send it to:

APAGBI Administration (Membership)  
Association of Paediatric Anaesthetists of Great Britain & Ireland  
21 Portland Place  
London  
W1B 1PY  
United Kingdom



Instruction to your Bank or Building Society to pay by Direct Debit

Name(s) of Account Holder(s):


Service User Number:

7	2	4	3	4	4
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Reference:

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Bank/Building Society Account Number:

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Branch Sort Code:

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Name and full postal address of your Bank or Building Society:

To: The Manager
Address:

### Instruction to your Bank or Building Society

Please pay the Association of Paediatric Anaesthetists of Great Britain and Ireland Direct Debits from the account detailed 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 Bank/Building Society.

Signature(s):
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.