

Application Form to Join the NAP

Please complete in BLOCK CAPITALS and return it via post addressed to Cathy Williams to the address shown at the bottom of this form. Fields marked with an * are mandatory

Please note the following information prior to making an application:

- Membership is open to anyone in the field of phlebotomy or related areas.
- Subscription is determined by type of employment.

Personal Details

Surname:*		Title	
Forename(s):*			
Past NAP number		Date of Birth:*	

Contact Details*

Telephone No:		Mobile No:	
E-mail Address:*			
Residential Address:*			
City/Town		Postcode	

Work Details

Employer:*			
Department:*			
Telephone No:*			
Main Address		Postcode:*	

Employment History

PLEASE GIVE DETAILS OF YOUR LAST THREE POSTS STARTING WITH YOUR CURRENT ROLE

Post*	Grade*	Speciality*	Employer*	Start Date*

Preferred Contact address	Residential <input type="checkbox"/>	Work <input type="checkbox"/>
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Qualifications

Date Awarded	Awarding Body	Subject	Qualification

Payment Details

The NAP membership starts from 1st April each year.

For standard membership this is £25.00, reducing by £6.25 for each quarter

For membership with insurance, this is £155.00 per year and must be paid in full in advance to activate insurance

Please choose only one option	Standard start 1 st April £25.00 <input type="checkbox"/>	Standard start 1 st July £18.75 <input type="checkbox"/>	Standard start 1 st October £12.50 <input type="checkbox"/>
ANNUAL Membership + Insurance £155.00 <input type="checkbox"/>			
Merchandise	NAP metal badges £5.00 <input type="checkbox"/>		
TOTAL COST			

Applicant Declaration

<input type="checkbox"/> I declare that I, the undersigned apply for membership of the NAP and declare that the foregoing statements are correct.

Signature:*	
Date:*	

Payment is by cheque, made payable to the NAP and should be sent with this application form to:

Cathy Williams, NAP Membership. 15 Acacia Close, Goffs oak, Herts, EN7 6QF

Queries: phlebotomy@btinternet.com