

MEMBERSHIP SUBSCRIPTION INFORMATION 2012

	Annual Rate (£)
CHIVA CONSULTANT MEMBER	70
CHIVA NON-CONSULTANT MEMBER	45
CHIVA-HIVPA MEMBER	35*
CHIVA-NHIVNA MEMBER	35*
CHIVA-PHP MEMBER	35*
CHIVA-RHIVA MEMBER	35*

1. The membership year runs from 1 January to 31 December.
2. Annual subscriptions paid by members joining the Association after 1 November will be regarded as being in respect of the following year.
3. The annual subscription is payable in advance on or before 1 January in each year and members whose subscription remains unpaid by 28 February following will be regarded as in arrears and cease to be members of the Association.
4. Eligibility: Open to any healthcare or allied professionals from England, Scotland, Wales or Ireland.
 Membership of CHIVA is open to anyone who is interested in furthering the purposes of the Association, specifically the following categories of personnel involved in HIV care: those working within professions or industry, or other appropriate HIV-active healthcare workers, where a significant component of their work is directly or indirectly related to HIV care.
 - Consultant:** those holding consultant or similar grade
 - Non-consultant:** all others
 - HIVPA:** members of the HIV Pharmacy Association
 - NHIVNA:** members of the National HIV Nurses Association
 - PHP:** members of the Paediatric HIV Psychologists Group
 - RHIVA:** members of the Rehabilitation in HIV Association
5. Benefits of membership:
 - a. Voting rights and eligibility to stand for election to the CHIVA Executive Committee (eligibility subject to joining date)
 - b. Emailing list for announcements of CHIVA activities, including CPD-accredited educational meetings and updated guidelines/agreed standards of care
 - c. Discounted registration to CHIVA Annual Conference and Parallel Sessions at BHIVA Autumn Conference
 - d. Multidisciplinary educational meetings every 2 months in London and other regional meetings
 - e. Access to conference grants and scholarships
 - f. Free subscription to *CHIVA News* (up to 4 issues p.a.)
 - g. Free subscription to *HIV Treatment Bulletin* (provided by HIV i-Base: 6 issues p.a.)
 - h. Free subscription to *HIV Treatment Update* (provided by NAM: 10 issues p.a.)
 - i. Discount of up to £20 for membership of the British HIV Association (www.bhiva.org)
 - j. Membership subscription fees approved for income tax relief

* Must be a paid-up member of this affiliated Association to be eligible for discounted subscription rate.

Membership Application Form 2012

BLOCK CAPITALS PLEASE

Prof / Dr / Mr / Mrs / Miss / Ms Family name: _____
 First name(s): _____
 Present appointment: _____
 Institution: _____
 Address: _____

 _____ Postcode: _____

Please complete and return to:
CHIVA Secretariat
Mediscript Ltd
1 Mountview Court
310 Friern Barnet Lane
London N20 0LD
Fax: +44 (0)20 8446 9194

Telephone: _____ Fax: _____
 Work email:* _____

If you wish to receive correspondence at your home address, please give details below.

Home address: _____
 _____ Postcode: _____
 Home email:* _____

Relevant HIV and paediatric experience: _____

* CHIVA distributes most information to members by email only, so in order to receive all your mailings, please supply an email address.
 We will not use your email address for any other purpose.

SUBSCRIPTION Please tick category of membership for which you are applying

- CHIVA consultant member £70 CHIVA non-consultant member £45 CHIVA-HIVPA member £35*
 CHIVA-NHIVNA member £35* CHIVA-PHP member £35* CHIVA-RHIVA member £35*

* Must be a paid-up member of this affiliated Association to be eligible for discounted subscription rate.

METHOD OF PAYMENT

- By direct debit:** I enclose a completed direct debit mandate form (originals by post please)
 By cheque: I enclose a cheque made payable to CHIVA
 By credit card: I authorise payment to the amount of **TOTAL DUE £:**

Card type: American Express MasterCard Visa Solo/Maestro/Switch Issue no: (S/M/Sw only)
 Security code (last 3 digits on reverse): Valid from: (S/M/Sw only)
 Card number: Expiry date: (All cards)
 Name of card holder: _____

Signature: _____ Date: _____

Hospital trusts and finance departments: please note that invoices cannot be issued for membership fees and this form should be accepted in lieu of an invoice. Please see bank details below to set up automated payment.

Bank details: NatWest Bank, East Finchley Branch, 85 High Road, London N2 8AE
Account name: Children's HIV Association **Account number:** 22528393 **Sort code:** 50-21-08

Data Protection: Mediscript Ltd complies with the 1998 Data Protection Act. Information provided by you on this form will be processed by Mediscript Ltd and used for the purposes of: (i) providing the goods and services ordered by you, and for billing and accounts; (ii) allowing third-party mailings from organisations where we believe their services may be of interest to you. If you do not wish your information to be used in this way, please tick the box

For official use:	Amount:	Method:	Date:	DB:	ACK:				
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