

Membership Application Form 2012

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

BLOCK CAPITALS PLEASE

Prof / Dr / Mr / Mrs / Miss / Ms Family name: _____

First name(s): _____

Present appointment: _____

Institution: _____

Address: _____

_____ Postcode: _____

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*

* 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/debit 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: _____

† If different from above

Please note: Invoices cannot be issued for membership fees.

Please return this form, together with your payment, to the address shown above.

PCTs, hospital trusts and finance departments: please note that invoices cannot be issued for membership fees.
Please contact the secretariat for bank details to set up automated payment.

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:	<input style="width: 100%;" type="text"/>
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