



**British Association of  
Plastic Surgery Nurses**

**BAPSN Associate Membership  
Application Form**

**(Please print all details clearly in BLOCK CAPITALS)**

Title Mr / Mrs / Miss / Ms / Dr

First Name.....

Last Name.....

Nursing Qualifications.....

Current job title and grade.....

.....

Place of work.....

Home Address.....

.....

.....

.....

email address (if applicable).....

Do you object to your email address being used for BAPSN mailing?

Yes.....No.....

Signature.....Date.....

**Please return the completed form via Royal Mail with a cheque for £40 made payable to BAPSN to:**

BAPSN, Moorhead Farm, Middle Holly, Forton, Preston, PR3 1AH

**Please note:** Your subscription will be payable on an annual basis. Membership will be effective from the first day of the month of joining. BAPSN will remind individual members when their membership is due for renewal.

**NB. SUPPORTING LETTER FROM MANAGER REQUIRED TO PROCESS APPLICATION**