



HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and Social Care

MEMBERSHIP ENROLMENT / RENEWAL FORM FOR USE BY INDIVIDUAL MEMBERS

Kindly complete and return as indicated below

Member of: _____ HEALTHWATCH OR: LOCAL AUTHORITY AREA: _____
Full Name: _____ (Please print)
Full Address: _____ _____
Telephone: _____ Fax: _____
Email: _____

*I, the above-named, hereby apply for enrolment as a registered member of the
HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION*

Signature: _____
Date of Application: _____

Membership of other community organisations (if applicable): _____ _____
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Skills to offer: _____ _____

Members shall be entitled to attend and vote at meetings of the Assembly.

- Individual Membership fee: **£10-00 per annum**. Cheques should be paid to NALM and sent with completed enrolment form to:
 - Malcolm Alexander, HAPIA, 30 Portland Rise, LONDON, N4 2PP
Or ...
 - Ruth Marsden, HAPIA, The Hollies, George Street, COTTINGHAM,
East Yorkshire, HU16 5QP