



Healthwatch and Public Involvement Association



HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and Social Care

MEMBERSHIP ENROLMENT / RENEWAL FORM

FOR USE BY INDIVIDUAL MEMBERS

Full Name:	_____
	(Please print)
Full Address:	_____

Telephone:	_____
Mobile:	_____
Email:	_____

I, the above-named, hereby apply for enrolment as a registered member of the HEALTHWATCH AND PUBLIC INVOLVMENT ASSOCIATION (HAPIA).

Signature:	_____
Date of Application:	_____

Membership of other community organisations (if applicable):

Skills to offer:	_____

Members shall be entitled to attend and vote at meetings of HAPIA. Individual Membership fee: **£10-00 per annum**. The annual fee and the completed enrolment form to be sent to: Malcolm Alexander, HAPIA, 30c Portland Rise, London, N4 2PP