



Healthwatch and Public Involvement Association

## HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and Social Care

### MEMBERSHIP ENROLMENT / RENEWAL FORM HEALTHWATCH AND COMMUNITY ORGANISATIONS

Organisations Name: _____ (Please print)
Full Address: _____ _____
Telephone: _____ Mobile: _____
Email: _____
Main contact person: _____
Website: _____

*The above-named organisation, hereby applies for enrolment as a registered member of the HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION (HAPIA).*

Chair/Director: _____
Date of Application: _____

How would your organisation like to contribute to the work of HAPIA?

Your main priorities?

Members shall be entitled to attend and vote at meetings of HAPIA.  
Organisation Membership fee: **£50.00 per annum**. The Annual Fee and the completed Enrolment Form to be sent to: Malcolm Alexander, HAPIA, 30c Portland Rise, London, N4 2PP.