



# HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

*Patient and Public Involvement in Health and Social Care*

## ENROLMENT / RENEWAL FORM

FOR USE BY HEALTHWATCH OR COMMUNITY ORGANISATION

Kindly complete and return as indicated below

HEALTHWATCH Name: \_\_\_\_\_

or

COMMUNITY ORGANISATION Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ EMail: \_\_\_\_\_

Contact name: \_\_\_\_\_

*We, the above-named HEALTHWATCH/COMMUNITY ORGANISATION, hereby apply for enrolment as a Registered Member of HAPIA*

Signature of the Chair: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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

2. HEALTHWATCH AND COMMUNITY ORGANISATION Membership fee is **£50-00 per annum**.

Please make cheques payable to HAPIA and send to:

- Malcolm Alexander, HAPIA, 30 Portland Rise, London, N4 2PP or
- Ruth Marsden, HAPIA, The Hollies, George Street, Cottingham, East Yorkshire, HU16 5QP
- Bank Account: 28534107 Sort Code: 52-21-52