



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: _____

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

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 HAPIA. Bank Account no: 28534107, Sort Code: 52-21-52

The completed enrolment form to be sent to:
MALCOLM ALEXANDER, HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION,
30 Portland Rise, LONDON, N4 2PP or ...
RUTH MARSDEN, HAPIA, The Hollies, George Street, COTTINGHAM, East Yorkshire, HU16 5QP