

West Midlands Association of Contraception and Sexual Health

Secretariat
Shonda Powell
Suite 313
179 Whiteladies Road
Bristol
BS8 2AG
01225 436 129

MEMBERSHIP FORM

(CAPITAL LETTERS PLEASE)

Name & Title _____ Tel. No. _____

Mailing Address _____

Email address _____

Work Address (If different from above) _____

_____ Post Code _____

Work email address _____ Work tel. No. _____

Professional Post held (e.g. GP, Contraception and Sexual Health nurse) _____

I wish to apply for membership of the West Midlands Association of Contraception and Sexual Health.

Signed _____ Date _____

N.B. PERSONAL DATA IS HELD ON COMPUTER FOR ADMINISTRATIVE AND EDUCATIONAL PURPOSES AND WILL NOT BE CIRCULATED TO ANY COMMERCIAL ORGANISATIONS

- I am an existing member of WMCASH and enclose completed Standing Order Form for my Annual Membership fee of £15.00 starting January 2017 and paid annually thereafter. If paid by credit/debit card or cheque the fee is £20.00
- I am not a current member of WMCASH but would like to become a member and enclose completed Standing Order Form for my Annual Membership fee of £15 starting January 2017 and paid annually thereafter.
- I have included a cheque for £20.00 to cover membership for 2017 or paid by credit/debit card online
Membership covers from January to December in any given year

**Please return with your completed membership and Standing Order form or cheque to:
Shonda Powell, WMCASH Secretariat, Suite 313, 179 Whiteladies Road, Bristol BS8 2AG**