

Personal
Membership
Application



(PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS)

PERSONAL DETAILS:	
Title:	
Surname:	
Forename(s):	
Home Address:	
	Postcode:
Home Telephone:	
Mobile Telephone:	
E-Mail Address:	
Signature:	
Date:	

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL AND FOR THE SOLE USE OF THE BRITISH OBESITY SURGERY PATIENT ASSOCIATION. WE DO NOT SHARE DETAILS OF OUR MEMBERS WITH ANY THIRD PARTIES.

Lifetime Personal Membership is available for a minimum personal donation of £20.00

- Please find enclosed £20.00 for Lifetime Personal Membership.
- Enclosed also please find £ as an additional donation to BOSPA.
- I am a UK tax payer and I request BOSPA treat all donations that I make from this date as Gift Aid donations, until I notify you otherwise.

Payment made as:

- Cash
- Cheque – please make your cheque payable to BOSPA
- Bank Transfer - Bank: Natwest, Account Name: BOSPA,
Sort Code: 60-23-05, Account Number: 74511548

Please hand your Membership Application in with your payment at any BOSPA meeting or post it to us at: BOSPA Membership Dept, PO Box 805, Taunton, TA1 9DU

FOR OFFICE USE ONLY:			
Membership No:	Date Validated:	Date Pack Sent:	Pack Sent By: