



# national back exchange

## Local Back Exchange Group Membership Application Form

### NATIONAL BACK EXCHANGE **[NAME OF LOCAL GROUP]** MEMBERSHIP APPLICATION AND RENEWAL REMINDER

Title:  Mr  Mrs  Miss  Ms  Other: \_\_\_\_\_

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Are you a member of NBE?  No  Yes Membership no: \_\_\_\_\_

Position held: \_\_\_\_\_ Qualifications: \_\_\_\_\_

Please provide at least one set of correspondence details below

Address – 1 (work)

Address – 2 (home)

Town:

County:

Post code:

Telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

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

Town:

County:

Post code:

Telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Please indicate address for correspondence:  1 (work)  2 (home)

Are you happy to have your correspondence details circulated within the group membership?  Yes  No

Your details will not be provided to any party outside of the NBE membership.

Do you have any areas of special interest?

Research

Legal witness

Paediatrics

Community

Occupational Health

Private Healthcare Practice

Learning disabilities

Training

Sales/Retail

- To be eligible for Group Affiliation all members of this group should be current members of NBE
- Please send this completed form with your payment to join the Group to:  
**[ADDRESS OF GROUP CONTACT]**
- Cheques must be made payable to "National Back Exchange **[NAME OF LOCAL GROUP]**". Please write your cheque number at the bottom of this form.
- BACS payments must be made payable to "National Back Exchange **[NAME OF LOCAL GROUP]**"
- Please type, or write all entries legibly *paying particular attention to your email address*
- Membership years for the Group run annually from **[DATE]** and end on **[DATE]**

Cheque amount: £	Cheque number:	Signature: Date:
<b>For Office Use</b>	<b>Date received in office:</b>	