



Membership Application/Renewal form for PPA

Membership - £15 per annum (Standing Order) or £17.50 per annum (Cheque)
renewable from 1st April

Title: Mr Mrs Miss Ms Other:

First Name:

Surname:

Qualification: MCSP: Yes No

Other relevant qualification:

Address 1:

Address 2:

Town/City:

County:

Postcode:

Country:

Home Tel No.:

Work Tel No.: Fax No.:

E-mail:

Area of work: (Please tick all relevant boxes)

- Outpatient department Private Practice
- Pain Clinic Pain Management Programme
- Education Research

Other:

- I am willing to be sent questionnaires for research purposes by individuals or organisations approved by the PPA: Yes No
- I am willing to be contacted by the PPA regarding my clinical interests and area of work: Yes No

Signature:

Date:

Chosen method of payment: Cheque Bankers Draft
 Standing Order (New) Standing Order (Existing)

Please return enclosing cheque/overseas banker's draft/standing order mandate (if applicable) for £17.50 Sterling made payable to *Physiotherapy Pain Association* to:
Emma Withers, PPA Administrator, PO Box 4634, Coventry CV4 0EA, UK

PLEASE NOTE: All members are requested to complete and return this form to assist in updating our records. Thank you.