

Bereavement Services Association
APPLICATION FOR RENEWAL OF MEMBERSHIP Apr – Mar 2017-18



Membership is open to anyone providing bereavement care within the statutory, voluntary and commercial sectors.

SURNAME:

FIRST NAME: TITLE:

POSITION:

ORGANISATION:

ADDRESS:

PHONE:EMAIL:

Address is: Work/Home (*please circle*) Introduced to BSA by:

With the exception of the newsletter, to reduce costs we will use email as the default method of contact unless you instruct us otherwise.

Please tick here if you do not have access to email or prefer us not to use email

<input type="checkbox"/> £50 annual individual membership	<input type="checkbox"/> £150 for 5 members (<i>saving £100</i>)
<i>Please complete one form for each person (Renewals are due annually in January (2016))</i>	
<input type="checkbox"/> I enclose a cheque payable to the Bereavement Services Association	
<input type="checkbox"/> For an invoice to be sent to an NHS organisation a Purchase Order Number is required.	
Purchase Order Number:.....	
<input type="checkbox"/> BACS payment is being made to Royal Bank of Scotland, Sort Code: 16 24 32	
Account name: Bereavement Services Association Account No: 10183582	

DATA PROTECTION STATEMENT:

I agree to the above details being held on a database of the membership of the Bereavement Services Association. This information will be available only to members of the Executive Steering Group. **YES NO** (*Yes required for membership*)

I agree to my Name, Job Title and Contact details being included in a Membership Directory which will be available to Association members only. **YES NO**

We would like to use the contact information you give us to send you information about courses and conferences and other resources such as policy updates. However, your details will **not** be shared with any other organisation without your consent. Would you like to be sent such information? **YES NO**

Signed:

Date:

A certificate of membership can be issued on receipt of payment

Please tick if you would like a certificate sent to your e-mail address

Please return this form with payment if appropriate to:

Miss Lesley Baxendale - Membership
Bereavement Services Association, c/o RNS Publications, Levens House,
Clifton Road, Blackpool, FY4 4QA
For further information please email memberships@bsauk.org