

# Application Form to Join the NAP

Please complete in BLOCK CAPITALS and return it via post or email to the address shown at the bottom of this form. Fields marked with an \* are mandatory

Please note the following information prior to making an application:

- Membership is open to anyone employed in the field of phlebotomy or related areas.

## Personal Details

Surname:*		Title	
Forename(s):*			
Past NAP number		Date of Birth:*	

## Contact Details\*

Telephone No:		Mobile No:	
E-mail Address:*			
Residential Address:*			
City/Town		Postcode *	

## Work Details

Employer:*			
Department:*			
Telephone No:*			
Address			
		Postcode:*	

## Employment History

PLEASE GIVE DETAILS OF YOUR LAST THREE POSTS STARTING WITH YOUR CURRENT ROLE

Post*	Grade*	Speciality*	Employer*	Start Date*

For NAP Use only

<b>Member No</b>		<b>Database</b>		<b>Mailchimp</b>	
<b>Sent</b>		<b>Ins Adv</b>		<b>Paid Date</b>	

<b>Preferred Contact address</b>	Residential <input type="checkbox"/>	Work <input type="checkbox"/>
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**Qualifications**

Date Awarded	Awarding Body	Subject	Qualification

**Payment Details**

The NAP membership starts from 1<sup>st</sup> April each year.

For standard membership this is £25.00, reducing by £6.25 for each quarter

For membership with insurance, this is £160.00 per year reducing as indicated, and must be paid in advance to activate insurance

<b>Please choose only one option</b>	Standard start 1 <sup>st</sup> April £25.00 <input type="checkbox"/>	Standard start 1 <sup>st</sup> July £18.75 <input type="checkbox"/>	Standard start 1 <sup>st</sup> October £12.50 <input type="checkbox"/>
Membership & Insurance	Standard start 1 <sup>st</sup> April £160.00 <input type="checkbox"/>	Standard start 1 <sup>st</sup> July £115.75 <input type="checkbox"/>	Standard start 1 <sup>st</sup> October £76.50 <input type="checkbox"/>
<b>Merchandise</b>	NAP metal badges £5.00 <input type="checkbox"/>		
<b>TOTAL COST</b>			

**Applicant Declaration**

<input type="checkbox"/> I declare that I, the undersigned apply for membership of the NAP and declare that the foregoing statements are correct.  <input type="checkbox"/> I agree to my email address being used as the primary means of communication and to receive Newsletters and NAP letters.
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Signature:*	
Date:*	

**BACS payment**

**Sort code** 30 99 86  
**Acct no** 03661326  
**Acct Name** National Association of Phlebotomists

*Please use your name as the reference if paying by BACS so we can identify the payment.*  
or payment by cheque, made payable to the NAP should be sent with this application form

NAP Membership, 15 Acacia Close, Goffs Oak, Herts, EN7 6QF

Queries: [nap.membership@btinternet.com](mailto:nap.membership@btinternet.com)