

**If you have been referred to BPA by an existing member please enter their details below**

Staff Number	First Name	Surname

## Application Form

Role (please tick the appropriate box)	Qualified Pharmacist	
	Newly Qualified Pharmacist	
	Pre-Registration Pharmacist	
Title		
First Name(s)		
Surname		
Address		
Post Code		
Home Phone number		
Mobile Number		
e-mail address(essential)		
Boots Contact Address		
Store Number and Telephone Number		
If relief add Relief		
GPhC Number		
Boots Staff Number (This is essential - you will find it on your pay slip)		

Please send your completed application form to-

**BPA ,Rhona Bennett, 69 Sheriffs Park, Linlithgow, West Lothian,EH49 7SR**

Telephone 07545583567

e-mail [r.bennett@bpa.website](mailto:r.bennett@bpa.website)

Please also inform Rhona if your contact details change. Thanks.

**Please complete the section below to allow payroll to deduct your subscription directly from your salary.**

**ADVICE TO PAYROLL**

Please debit from my monthly salary the sum of **£8.00** (Eight Pounds) **from today** for the credit of the Boots Pharmacists' Association and make similar payments **MONTHLY** from salary **THEREAFTER** until I cancel this order in writing. ( 3 months notice will be required

Name.....

Staff Number.....

Signed.....

Date.....

**BPA Office use only**

Date of data entry .....  
Computer.....  
Membership No.....  
Checked.....  
Serial No. ....

**For Bank/Payroll use**

Date submitted to  
Print out