

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)		

BPA has plans to offer new services and products to its members but will not share your information with third parties.

Crossing this box will exclude you from receiving details of new products and services from BPA by email or direct mail.

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

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