



**Royal College of Paediatrics and Child Health**  
Membership Section  
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Tel: 020 7307 5600 Fax: 020 7307 5601

## **AFFILIATE APPLICATION FORM**

Please fully complete this form in BLOCK CAPITALS in Black or Blue ink or Typescript  
Completed application forms should be returned to the address above

*I wish to apply for (please tick) Affiliate With Archives  Without Archives*

### **Personal Details**

Title \_\_\_\_\_ Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

### **Employment Details**

Present Job Title \_\_\_\_\_

Start Date \_\_\_\_\_

### **Work Address** *A work address must be provided*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### **Home Address**

\_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile \_\_\_\_\_

➔ My Preferred address for RCPCH Correspondence is (*please tick one*) Home  Work

*For office use only*

RCPCH Number

## Data Protection Act 1998 – Statement of RCPCH Policy

- Members should note that names and correspondence addresses are sometimes supplied by the RCPCH to reputable firms, when we believe that the event or product in question will be of genuine interest to the majority of members or the good of child health. All such requests are scrutinised by a Senior Officer of the College before approval.  
If you DO NOT want your details to be available in this way then please tick this box
- If an applicant is accepted to the College the information contained in this form will be held in confidence and will only be used for the annual Handbook and business of the College.  
If you DO NOT wish to have your home address published in the handbook, please tick here
- The College plans to send out regular news bulletins via email.  
If you DO NOT wish to receive these bulletins please tick this box   
Please note the College reserves the right to send you individual personal emails related to the College.

## Subscription Details

Are you a member of the RCN Children's Forum? Yes  No

If so then please provide a membership number \_\_\_\_\_

Are you a member of the Neonatal and Paediatric Pharmacists Group? Yes  No

If so then please provide a membership number \_\_\_\_\_

If you ticked **Yes** to any of the above then yearly subscription is:

**£50 without Archives of Diseases in Childhood**

**£125 with Archives of Diseases in Childhood**

Otherwise yearly subscription is:

**£70 without Archives of Diseases in Childhood**

**£145 with Archives of Diseases in Childhood**

You can pay by **yearly Direct Debit** by completing and returning the attached Direct Debit form with your application form.

You can also pay by **Credit/Debit card** or **Cheque** (made payable to 'RCPCH') but please note this will **incur a £20 surcharge** to the above fees.

If you would like to pay by Credit/Debit card then please provide the card details in the space provided below.

Card Type: Access / Visa / MasterCard / EuroCard / Switch / Delta (Please circle)

*(Please note that **American Express cannot be accepted**)*

Card Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_

Valid From \_\_\_\_/\_\_\_\_

Issue No (Switch only) \_\_\_\_\_

Name On Card \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_