

NPA Link Membership

Application Form



Please complete and return to **NPA Membership Department, Mallinson House, 38 - 42 St Peter's Street, St Albans, AL1 3NP**

Full name: _____ GPhC Reg No: _____

Home Address: _____

Postcode: _____ Tel No: _____

Email: _____

Please tick the box below which best reflects your circumstances

- £60.00 incl VAT If you are retired and have been a full member of the NPA
- £60.00 incl VAT If you work in community pharmacy and are employed or engaged by an NPA member
- £96.00 incl VAT If you work in any other areas of pharmacy practice (PCO, hospital, LPC, industry, consultancy, academia)
- £480.00 incl VAT If you work in community pharmacy some or all of the time and are employed or engaged by a non-NPA member

Please complete either PART A or PART B

PART A

I am employed/engaged by: _____ NPA Mem No: _____

Address: _____

PART B

I am employed/engaged by the following pharmacies/organisations: (please list your two primary employers)

1. _____
2. _____

DECLARATION AND PAYMENT

I wish to apply for NPA Link Membership and enclose my cheque to the value of £ _____

I confirm the information given above is true and accurate.

Signed: _____ Date: _____