

**BRITISH ASSOCIATION OF PERINATAL MEDICINE
MEMBERSHIP APPLICATION FORM
For Medical and Nursing Students only**



This form is to be completed by **medical students and nursing students only (excludes ANNP)**. In section 3 of the form please provide name and address of your personal tutor/head of year. Please return the form to the address given below.

Section 1: Applicant		
Title: Mr / Mrs / Miss / Ms / Other		
First Name(s)	Surname:	
RCPCH Member <input type="checkbox"/> RCOG Member <input type="checkbox"/> Other <input type="checkbox"/>		

Address:	
	Postcode:
Tel no:	
Email:	
Signature:	Date:

Section 2: Course details
University:
Course:
Date course started:
Expected month/year of graduation:
Where did you hear about BAPM?

Section 3: Name and address of personal tutor/head of year		
Title:	First Name:	Surname:
Position:		
Work Address:		
Postcode:		