



National HIV Nurses Association (NHIVNA)

Secretariat: Mediscript Ltd

1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD

Tel: +44 (0)20 8446 8898

Fax: +44 (0)20 8446 9194

Email: nhivna@mediscript.ltd.uk

Web: www.nhivna.org

MEMBERSHIP SUBSCRIPTION INFORMATION 2012

	Annual Rate (£)
CONSULTANT NURSE / MANAGER / MATRON (UK)	60
OTHER GRADES (UK)	45
OVERSEAS NHIVNA MEMBERSHIP*	70

1. The membership year runs from 1 January to 31 December.
2. Annual subscriptions paid by members joining NHIVNA after 31 October will be regarded as being in respect of the membership year ending 31 December the following year.
3. The annual subscription is payable in advance on or before 1 January in each year and members whose subscription remains unpaid by 28 February following will be regarded as in arrears and cease to be a member of the Association.
4. Benefits of membership:
 - a. Free subscription to *HIV Nursing* (published by Mediscript Ltd: up to 4 issues p.a.)
 - b. Free subscription to *NHIVNA Newsletter* (up to 4 issues p.a.)
 - c. Discounted registration to NHIVNA Annual Conference
 - d. Free registration for NHIVNA Study Days (up to 4 study days each year)
 - e. Voting rights for NHIVNA Executive Committee elections (eligibility subject to joining date)
 - f. Dedicated members' area on NHIVNA website for exchange of documents and information (www.nhivna.org)
 - g. Free subscription to *HIV Treatment Bulletin* (provided by HIV i-Base: 6 issues p.a.)
 - h. Free subscription to *HIV Treatment Update* (provided by NAM: 10 issues p.a.)
 - i. Access to NHIVNA Nicky Perry Academic Award for postgraduate educational support
 - j. Access to grants and scholarships (funded by educational grants from Bristol-Myers Squibb and Gilead Sciences)
 - k. Discounted membership of the British HIV Association (BHIVA) (£20 discount: email bhiva@bhiva.org)
 - l. Discounted membership of the Children's HIV Association (CHIVA) (£10 discount: email chiva@chiva.org.uk)
 - m. Membership welcome pack, including list of NHIVNA members for networking and support
 - n. Membership subscription fees approved for income tax relief

* NHIVNA accepts most major credit cards. Please see overleaf for details.



National HIV Nurses Association

NHIVNA MEMBERSHIP APPLICATION FORM 2012

Please complete and return this form to:

NHIVNA Secretariat · Mediscript Ltd · 1 Mountview Court · 310 Friem Barnet Lane · London N20 0LD
Tel: +44 (0)20 8446 8898 Fax: +44 (0)20 8446 9194 Email: nhivna@mediscript.ltd.uk Web: www.nhivna.org

BLOCK CAPITALS PLEASE

Prof / Dr / Mr / Mrs / Miss / Ms Family name: _____

First name(s): _____

Present appointment: _____

Institution: _____

Address: _____

Postcode: _____

Telephone: _____ Fax: _____

Work email:* _____

If you wish to receive correspondence at your home address, please give details below.

Home address: _____

Postcode: _____

Home email:* _____

* NHIVNA distributes some information to members by email only, so in order to receive all your mailings, please supply an email address. We will not use your email address for any other purpose.

MAIN WORK SETTING

- Hospital: Outpatient clinics
- Hospital: Inpatient wards
- Single-handed practice
- Community
- Other: _____

SUBSCRIPTION (Please tick category of membership for which you are applying)

- CONSULTANT NURSE / MANAGER / MATRON / DOCTOR (UK) £60
- OTHER GRADES (UK) £45
- OVERSEAS NHIVNA MEMBERSHIP £70

METHOD OF PAYMENT

- By direct debit:** I enclose a completed direct debit mandate form (originals by post only)
- By cheque:** I enclose a cheque made payable to NHIVNA
- By credit card:** I authorise payment to the amount of TOTAL £

Card type: American Express MasterCard Visa Switch Issue no: (Switch only)

Security code (last 3 digits on reverse): Valid from: (Switch only)

Card number: Expiry date: (All cards)

Name of card holder: _____

Signature: _____ Date: _____

Hospital trusts and finance departments: please note that invoices cannot be issued for membership fees and this form should be accepted in lieu of an invoice. Please see bank details below to set up automated payment.

Bank details: NatWest Bank, East Finchley Branch, 85 High Road, London N2 8AE
Account name: National HIV Nurses Association **Account number:** 22509526 **Sort code:** 50-21-08

Data Protection: Mediscript Ltd complies with the 1998 Data Protection Act. Information provided by you on this form will be processed by Mediscript Ltd and used for the purposes of: (i) providing the goods and services ordered by you, and for billing and accounts; (ii) allowing third-party mailings from organisations where we believe their services may be of interest to you. If you do not wish your information to be used in this way, please tick the box

For official use: Amount: Method: Date: DB: ACK: