



Secretariat: Mediscript Ltd

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

Telephone: +44 (0) 20 8446 8898 Fax: +44 (0) 20 8446 9194 Email: nhivna@nhivna.org Web: www.nhivna.org

MEMBERSHIP INFORMATION 2018

	Annual Fee (£)
NHIVNA BAND 8 incl. Consultant Nurse/ Manager / Matron (UK)	75
NHIVNA BAND 6–7 including Academia	60
NHIVNA BAND 5	35
NHIVNA BAND 1–4 ¹ incl. Healthcare Assistants / voluntary sector / affiliated membership ²	20
NHIVNA International Networking ¹ includes non-UK residents only	20
STUDENT NURSE ¹	10

1. The membership year runs from 1 January to 31 December³
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 31 March 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) Discounted registration to NHIVNA Annual Conference
 - c) Free registration for NHIVNA Study Days (up to 2 study days each year)
 - d) Voting rights for NHIVNA Executive Committee elections (eligibility subject to joining date)
 - e) Access to dedicated members' area on NHIVNA website for: exchange of documents and information; online membership application and renewal; and conference and study day registration
 - f) Free subscription to bi-monthly NHIVNA *eRoundup* email (up to 6 issues p.a.)
 - g) Access to grants and scholarships
 - h) Free subscription to *HIV Treatment Bulletin* (published by HIV i-Base: up to 6 issues p.a.)
 - i) Discounted membership of the British HIV Association (BHIVA) (£20 discount: email bhiva@bhiva.org)
 - j) Discounted membership of the Children's HIV Association (CHIVA) (£10 discount: email chiva@chiva.org.uk)
 - k) Membership subscription fees approved for income tax relief

¹ To receive e-copies of publications only

² Affiliated membership includes those not working within the HIV sector, but who have an interest in HIV, such as primary care and practice nurses etc., and other specialist nurses.

³ Cancellation of membership: Providing that written notice is received no later than 14 working days before the renewals due date of 31 March each year or the collection date (if paying by DD), a full refund will be made. No refunds will be made for any cancellations received after this date. Written notice should be emailed to nhivna@nhivna.org or by post to NHIVNA Secretariat, Mediscript Ltd, 1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD.

Please complete and return this form to or join online at www.nhivna.org:
 NHIVNA Secretariat · Mediscript Ltd · 1 Mountview Court · 310 Friern Barnet Lane · London N20 0LD
 T: +44 (0)20 8446 8898 · F: +44 (0)20 8446 9194 · E: nhivna@nhivna.org

BLOCK CAPITALS PLEASE

Prof / Dr / Mr / Mrs / Miss / Ms Surname: _____

First name(s): _____

Present appointment: _____ Nursing Band: _____

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:* _____

Relevant HIV experience: _____

** 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.*

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NHIVNA International Networking ¹ includes non-UK residents only	£20
STUDENT NURSE ¹	£10

PAYMENT METHOD

Cheque: I enclose a cheque made payable to the **NHIVNA**

Debit or credit card: I authorise payment in the amount of:

£

BACS: (see below)

Card type: American Express MasterCard Visa Debit Card

Card number:

Expiry date:

Name of card holder (if different from above): _____

Security code:

Signature: _____ Date: _____

BACS payments: NHIVNA does not accept purchase orders and invoices cannot be issued for membership fees. Finance departments should accept this form in lieu of an invoice. Please see below for bank details to submit automated payments

Bank details: NatWest Bank, Muswell Hill (A) Branch, 190 Muswell Hill Broadway, London N10 3SD

Account name: National HIV Nurses Association **Account number:** 22509526 **Sort code:** 50-21-08

Data Protection: NHIVNA will comply with the General Data Protection Regulation (GDPR), which is a new European directive relating to data protection that will come into effect on 25 May 2018. Information provided by you on this form will be processed by Mediscript Ltd on behalf of NHIVNA and held on a secure database with restricted access for the purposes of billing and accounts and providing professional membership benefits. NHIVNA will retain basic information about you and your role to allow us to communicate with you in your professional role. NHIVNA may also deliver information from third parties where it believes information may be of interest to you. You may opt out of receiving third-party information at any time but please note that you will not receive all NHIVNA services that you may rely on or find useful if your role. Please email nhivna@nhivna.org if you do wish to opt-out of third party mailings, or tick the box.