



1 TYPE OF APPLICATION

Join	<input type="checkbox"/>
Renew	<input type="checkbox"/>

2 MEMBERSHIP CATEGORY

Expert Associate	<input type="checkbox"/>	Organisational Associate	<input type="checkbox"/>
Corporate Associate	<input type="checkbox"/>	Voting Member	<input type="checkbox"/>

3 How would you like to describe what you specialise in on the NHSF Website?

4 ORGANISATION/INDIVIDUAL DETAILS

Name	<input type="text"/>
Contact Person	<input type="text"/>
Job Title	<input type="text"/>
Email	<input type="text"/>

5 I approve our application for membership. I also approve the publication of name and our specialization on the NHSF website

6	Name	<input type="text"/>	Position	<input type="text"/>
	Signature	<input type="text"/>	Date	<input type="text"/>

Note: All membership applications are subject to review and approval of voting members. Please send this form to info@nathealthscience.org

By completing this membership form, you agree to be contacted by NHSF. Our data protection policy can be found on our website. Please tick this box in case you would NOT like to be part of our mailing list