

# APPLICATION FORM

**Role**

(please tick the appropriate box)

**Registered Pharmacist**

**Newly Qualified Pharmacist**

**Pre-Reg Pharmacist**

**Title**

**First Name(s)**

**Surname**

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**First Line**

**Second Line**

**Postcode**

**Town/City**

**County**

**Country**

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**Home Phone Number**

**Mobile Number**

**E-mail**

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**GPhC reg**

**RPS reg no**

**Boots Staff Number**

(This is essential-you will find it on your pay slip)

Please send your completed application form to:

**BPA ,Rhona Bennett, 69 Sheriffs Park, Linlithgow, West Lothian,EH49 7SR**  
**Telephone: 07545583567**  
**Email: r.bennett@bpa.website**

Please also inform Rhona if your contact details change. Thanks.

Please complete the section below to allow payroll to deduct your subscription directly from your salary.

## ADVICE TO PAYROLL

Please debit from my monthly salary the sum of **£8.00** (Eight Pounds) **from today** for the credit of the Boots Pharmacists' Association and make similar payments **MONTHLY** from salary **THEREAFTER** until I cancel this order in writing. (3 months' notice will be required).

Your First Name

Your Surname

Boots Staff no

Signed

Date

**If you have been referred to BPA by an existing member, please enter their details in the three boxes immediately below:**

Staff No

First Name

Surname

### BPA Office use only

Date of data entry .....

Computer .....

Membership No .....

Checked .....

Serial No. ....

### For Bank/Payroll use

Date submitted to .....

Print out .....