



APPLICATION FOR MEMBERSHIP

Annual membership runs from
1st April to 31st March

We welcome applications for membership from all training centres

Please Note

1. Members must possess the required professional qualifications to practice
(A copy of your training certificate is required for membership. This only needs to be submitted once. If you have NOT sent this before please send with your application)
2. A requirement for membership is that you hold current Professional Indemnity Insurance cover
(Please confirm this in the form attached)
3. Members may use the initials MSCP & FHPA (Member of the Southern Chiropody, Podiatry and FHP Association) on stationery only whilst a member of the group

Membership Benefits

CPD training for your HCPC portfolio / **Networking** – develop professional and social contacts / **Education** – up to date current topics, broadening skills, current legislation / **Insurance** – preferential rates / **Training** – quarterly meetings, regular study days, bi-annual conference / **Advertising on the website** – promoting your business / **Group Support** – passing on clients, covering holidays / **Group Badge** – displaying association logo / **Shadowing** – for newly qualified practitioners / **Website** – advertise your business on our website / **Member's only area** on website – access to training materials / **Newsletters** / **DBS** - certification owned by you for a one off payment / **Sharps service** –disposal of your sharps for FREE at Branch meetings

Website

Visit chiropodyandfhp.org.uk for more information. In order to access the member's area, members must be paid up, have provided their graduation qualification and confirmed their practice insurance. The group constitution can be downloaded from the member's area of the website.



APPLICATION FOR MEMBERSHIP

Please hand or post the completed form with
payment to our Treasurer

New members please complete **every field**. Renewals can be carried out on our web-site: chiropodyandfhp.org.uk/renewals/ OR advise of any changes using this form.

Membership Form

Name (print) _____

Address (print) _____

Postcode _____

Tel No _____ Mobile _____

Email _____

I can confirm that my practice is insured

I confirm that I wish to join/renew my membership of the Southern Chiropody, Podiatry & FHP Association for the sum of £40 (forty pounds).

Signed _____ Date _____

Please Note

BACS payments: **Acc. No.: 32433287 / Sort Code: 09-01-54**
In your bank payment reference section please put your FULL name. Once payment has been made please email Graham (Treasurer). If you are unable to pay by BACS, please send a cheque made payable to Southern Chiropody Association and a copy of your qualification certificate to Graham.

Treasurer:
Graham Howes
6 Norwich Close
Sarisbury Green
Southampton SO31 7BS
Email: graham.howes@virgin.net