



THE BRITISH PAIN SOCIETY

# The British Pain Society Membership Application Form 2010

PLEASE PRINT IN CAPITAL LETTERS - FIELDS LEFT BLANK WILL DELAY YOUR APPLICATION

## 1. PERSONAL DETAILS

Title

Forenames

Surname

Date of birth

Qualifications e.g medical, degrees, FRCA, RGN etc

(Home) Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail\*

The British Pain Society communicates regularly with its members via email. Please ensure you complete this field.

## 2. WORK DETAILS

Current Work Title (including grade, speciality & department) \_\_\_\_\_

Trust Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

(Work) Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Preferred Mailing Address? **Home - Work** (Please circle)

E-mail

The British Pain Society communicates regularly with its members via email. Please ensure you complete this field.

## 3. SUPPORT OF APPLICATION

Where possible, please ensure that your application is proposed and seconded by two current Ordinary or Honorary Members of the British Pain Society

Proposed  Signature

Membership No.

Seconded  Signature

Membership No.

If you are not known to any existing British Pain Society members who can propose/second your application, you may instead send a C.V. (not more than one side of A4) and a supporting letter detailing why you wish to join and your link with pain. This should be accompanied by two letters from senior colleagues or employer, as references of good standing and commitment to the management of pain, and should be sent with your completed application form.

#### 4. WORK SPECIALITY DETAILS

Please tick **one box only** to specify your specialist training:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accident & Emergency     | <input type="checkbox"/> Orthopaedics            | <input type="checkbox"/> Other medical - Please specify     |
| <input type="checkbox"/> Anaesthesia              | <input type="checkbox"/> Osteopathy              | _____   |
| <input type="checkbox"/> Cardiology               | <input type="checkbox"/> Paediatrics             | _____   |
| <input type="checkbox"/> Chiropractic             | <input type="checkbox"/> Pain Medicine           | _____   |
| <input type="checkbox"/> Epidemiology             | <input type="checkbox"/> Palliative Medicine     | _____   |
| <input type="checkbox"/> General Practice         | <input type="checkbox"/> Pharmacology            | _____   |
| <input type="checkbox"/> Gynaecology              | <input type="checkbox"/> Pharmacy                |   |
| <input type="checkbox"/> Musculoskeletal Medicine | <input type="checkbox"/> Physiology              | <input type="checkbox"/> Other non-medical - Please specify |
| <input type="checkbox"/> Neurobiology             | <input type="checkbox"/> Physiotherapy           | _____   |
| <input type="checkbox"/> Neurology                | <input type="checkbox"/> Podiatry                | _____   |
| <input type="checkbox"/> Neurosurgery             | <input type="checkbox"/> Psychiatry              | _____   |
| <input type="checkbox"/> Nursing                  | <input type="checkbox"/> Psychology              | _____   |
| <input type="checkbox"/> Occupational Therapy     | <input type="checkbox"/> Rehabilitation Medicine | _____   |
| <input type="checkbox"/> Oral Surgery             | <input type="checkbox"/> Rheumatology            |   |

Is your employment primarily **Clinical** or **primarily Research**? (Please circle)

Are you attached to an NHS Pain Clinic? **Yes** - **No** (Please circle)

If Yes, and different to your work address, enter details below:

Trust/ Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

How many half-days a week do you spend working in pain management? \_\_\_\_\_

(This is to help us assess the number of full-time workers in pain management for our database)

If you are currently a trainee, in which year do you anticipate you will finish your training? 20\_\_\_\_\_

#### 5. GENERAL INFORMATION

Are you a member of the IASP? **Yes / No** (Please circle)

Application forms to join IASP are available from the IASP website at [www.iasp-pain.org](http://www.iasp-pain.org). Membership of the British Pain Society means that you will be a member of the British Chapter of the International Association for the Study of Pain (IASP), **but not of IASP itself**.



## NOTES

There are four classes of membership subject to the *Memorandum and Articles of Association and Regulations of the British Pain Society*.

### ORDINARY MEMBERS

Scientists, medical practitioners or other healthcare professionals (whether in training or fully qualified) interested in the objectives of the Society shall be eligible to be admitted as an Ordinary Member of the Society. Admission to Ordinary Membership shall be by written application as indicated on the first page, review and affirmative recommendation thereon by the Council of the Society. An Ordinary Member shall be entitled to attend, speak and vote at General Meetings of the Society in accordance with such Regulations of the Society as shall have been adopted by the Council.

### RETIRED MEMBERS

Retired Membership shall be granted on request to Ordinary Members in good standing who have retired from active practice and who wish to continue their association with the Society. (Retired Members shall not have the right to stand for election for the Council of the Society nor for election as an Officer of the Society). Ordinary Members who have retired from active practice may request, in writing, transfer to Retired Member status. Retired Members shall be entitled to receive notice of General Meetings of the Society and to attend and speak, but not vote.

### HONORARY MEMBERS

Honorary Members shall be elected by the Council. Persons elected to Honorary Membership will have made an outstanding contribution to the advancement of the objectives of the Society. Honorary Members shall be entitled to attend, speak and vote at Society General Meetings.

### INTERNATIONAL MEMBERS

International Members include anyone resident outside Great Britain and Northern Ireland. Current International Members will continue to receive all current membership benefits. New International Members (from Friday 3rd April 2009) will be subject to a subscription rate of such reasonable amount as the Council may from time to time decide in general meeting. Such Members will have access to the Members' section of the website and will be entitled to a reduced registration fee to attend meetings of the British Pain Society including the Annual Scientific Meeting. International Members of the Society shall be entitled to receive notice of General Meetings and to attend and speak, but not vote, at General Meetings of the Society.

## HOW TO APPLY FOR MEMBERSHIP

1. Complete the application form overleaf making sure that you have referred to the checklist and have included all information.
2. Once this has been completed it should be sent with a cheque or your credit card details \* for your first year's subscription fee to the British Pain Society Secretariat (the address is at the bottom of the page).
3. Once we have received your application it will be initially considered by the Honorary Secretary/Honorary Secretary (Elect). If your application is approved, you will be added to the database and granted provisional membership until formally ratified by the British Pain Society Council at the next Council meeting.
4. Once approved by the Honorary Secretary/Honorary Secretary (Elect), we will send you a welcome pack including our Newsletter, publications order form and Information for New Members.

## CANCELLATION RIGHTS

Once confirmed in writing as a provisional member, or being notified of your renewal, you have 7 working days from receipt of confirmation / notification to cancel your membership. Within this time you will be entitled to a full refund, which we will refund to you, as soon as we reasonably can, and within 30 days of receiving your cancellation. However, if you have attended a BPS event within those 7 working days and have benefitted from the membership rate, upon cancellation you will be required to pay the balance between the member and non-member rate, which we shall invoice to you separately.

If you have any problems with your membership or wish to discuss any issues with us, please contact the Secretariat on 020 7269 7840 or at [membership@britishpainsociety.org](mailto:membership@britishpainsociety.org)

*\* We require that your first year's subscription is paid by cheque or credit card but for future years subscriptions can be paid by cheque, credit card or by Direct Debit. A Direct Debit form will be sent out with your annual subscription renewal notice.*

**PLEASE POST YOUR COMPLETED APPLICATION TO THE BRITISH PAIN SOCIETY. FAXES OR EMAILS WILL NOT BE ACCEPTED.**



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