



Surname: _____ Forenames: _____ Title: _____

Address for Correspondence: _____

Tel: _____ Fax: _____ Email: _____

(Please PRINT clearly)

University Degrees
& Qualifications _____

Present Post _____

Please indicate in the box for which category of membership you wish to apply.

| | |
|---|-----|
| April 2012 rates | |
| Tick as appropriate: | |
| ORDINARY (with print and electronic JHI) | £60 |
| ORDINARY (with electronic-only JHI) | £50 |
| ASSOCIATE (with print and electronic JHI) | £60 |
| ASSOCIATE (with electronic-only JHI) | £50 |
| TRAINEE (with electronic-only JHI) | £25 |
| RETIRED (no JHI) | £5 |

Nature of present or past work in the field of healthcare infection:

Please remember to sign overleaf.

I WOULD LIKE TO JOIN THE HEALTHCARE INFECTION SOCIETY WITH EFFECT FROM APRIL 2012 AND ENCLOSE A CHEQUE IN FAVOUR OF THE HEALTHCARE INFECTION SOCIETY.

Signed: _____

Date: _____

DATA PROTECTION: All membership details (as supplied by you) are stored on an electronic database. This database is used for legitimate HIS business only. As agreed at the 1998 AGM, we co-operate with other societies and provide printed address labels (but not the database) to enable them to mail-shot appropriate items (e.g. information about forthcoming meetings) to members. We do not supply labels or the database for commercial purposes.

Please return completed form to
Ms Sue Hollinshead
Administration and Events Co-ordinator
Healthcare Infection Society
162 King's Cross Road
London WC1X 9DH

The Society reserves the right to ask applicants to provide a CV and list of publications to support their application for membership.