



National Association of
Assistants in Surgical Practice

NeEAT Application and Registration Form

Name: _____

Date: _____

Date of Birth: _____/_____/_____

Application Status

(please indicate): NAASP member(£290.00) Non-member (£330.00)

NAASP membership number: _____

Correspondence Address: _____

Daytime telephone number: _____

Evening telephone number: _____

Mobile telephone number: _____

e-mail address: _____

Name of employing organisation: _____

Please note: It is a condition of your registration that you have single-user access only.
You must not share your log-in or password with any other person.

Failure to do so will terminate your registration, regardless of the stated end date.

I hereby agree to abide by the conditions stated above, and will not share my login or password with any other person. I understand that if I do so, my registration and access to the site will be terminated.

Signature of applicant: _____

Date: _____

PAYMENT:

Please tick the box next to your payment method:

I enclose a cheque for £ _____ Payable to 'NAASP'

I enclose a postal order for £ _____ Payable to 'NAASP'

Please charge my credit card for a total of £ _____

Type of card (please delete): Visa / Mastercard

Card Number: _____

Expiry date: _____

Issue number (if applicable): _____

Please note that if you wish to pay by credit or debit card, there will be an additional charge of 4.8% added to your payment total.

Please invoice my employer/company for a total of £ _____

Invoice address (including department): _____

Postcode: _____ Telephone number: _____

Purchase order number: _____

Please forward to:

***NAASP,
PO BOX 126,
Denton, Manchester, M34 2XN***

E-mail: jill@naasp.org.uk