



National Fertility Society

TM

Associate Membership Registration Form

IMPORTANT

Please complete clearly and return to NFS

Surname	
Forename(s)	
Date of Birth	
Title	Mr / Mrs / Ms / Dr / Other Male / Female
Home Address	
Postcode	
Telephone No	
Mobile No	
Email Address	
Work Address	
Postcode	
Telephone No	
Profession / Discipline	
Current Position	
Professional Registration Number	

Please state:

Your profession:

What is your professional interest in joining NFS?

What training and qualifications have you completed?

What professional indemnity insurance do you hold for your stated profession?

DECLARATIONS

Signature:

Date:

**Associate Membership fees £35 per year via Paypal on website or bank transfer
National Fertility Society
TBS
Sort Code: 77-27-25
Account: 62696968**

Please return completed form and required documentation to:

**National Fertility Society
14 Newfield Drive
Shrewsbury
Shropshire
SY1 2SJ**

Or email; joanne.carwardine@nationalfertilitysociety.co.uk