



# NATIONAL OCCUPATIONAL THERAPY PAIN ASSOCIATION

## MEMBERSHIP FORM 2006

Title	First Name	Family Name	
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Address	-----		
Address	-----		
Address	-----		
Town	-----		
County		Work Phone:	-----
Post Code		Fax Number:	-----
Country		Email Address:	-----

BAOT No. (if member): = = = = = . If you are a Member of the Pain Society, please tick:

Which region do you wish to join:

<input type="radio"/> Northern Yorkshire	<input type="radio"/> Eastern	<input type="radio"/> Wales
<input type="radio"/> Northern England	<input type="radio"/> London	<input type="radio"/> Scotland
<input type="radio"/> Trent	<input type="radio"/> London - South Thames	<input type="radio"/> Northern Ireland
<input type="radio"/> North West	<input type="radio"/> South East	<input type="radio"/> Republic of Ireland
<input type="radio"/> West Midlands	<input type="radio"/> South West	<input type="radio"/> Overseas

Membership category:  Full  Student

**IMPORTANT: The above details will also be those listed in the membership listing. Please tick this box if you do NOT wish your details made available to other NOTPA members.**

**PLEASE COMPLETE THE FOLLOWING QUESTIONS TO ENABLE US TO BUILD UP A PROFILE OF OUR MEMBERSHIP:**

- Do you work for: NHS:  Social Services:  Private:  Other:  Details: \_\_\_\_\_
- Please tick if you work on a Pain Management Programme:
- What clinical conditions do you work with: Back Pain:  Fibromyalgia:  Neurological:   
 Acute Pain:  Heterogeneous chronic pain:  Chronic fatigue syndromes:   
 Chronic Pain:  Palliative Pain:  Rheumatoid arthritis:  Oncological:   
 Other:  Details: \_\_\_\_\_

I ENCLOSE £25.00 MEMBERSHIP FEE FOR MEMBERSHIP TO SEPTEMBER 2006  
(£7.50 STUDENT MEMBERSHIP)

SIGNED ..... DATE .....

Office use only

Date  £  Chq  Desp

Please complete this form and return to:  
 Jose Rijnaard, City and Hackney Backpain Service, St Leonard's Primary Care Centre, Nuttall Street, London N1 5LZ, UK  
 Please enclose your remittance, payable to "NOTPA"