

Application for Membership  
2017

Applicant's Details (please complete both pages)

I wish to apply for  New membership  Membership renewal

<b>Title</b>	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (Please tick which title applies to you)
<b>Last Name</b>	
<b>First Name</b>	
<b>Professional Title</b>	
<b>Professional Qualifications</b>	
<b>Professional Address</b>	
<b>Address for membership correspondence</b> (if different from above.)	(Note that Home addresses will not be posted on the website)
<b>Professional Telephone number</b>	
<b>Professional Fax number</b>	
<b>Professional Email address</b>	
<b>Main areas of current practice</b>  (Tick the boxes against the areas that you are interested in)	<input type="checkbox"/> Paediatrics <input type="checkbox"/> Adults <input type="checkbox"/> Primary Immunodeficiency - out patient clinics <input type="checkbox"/> Primary Immunodeficiency - In patient non BMT <input type="checkbox"/> SCID/ severe ID involving bone marrow transplant (BMT) <input type="checkbox"/> Intravenous immunoglobulin therapy <input type="checkbox"/> Subcutaneous immunoglobulin therapy <input type="checkbox"/> Home Ig therapy <input type="checkbox"/> Other (please specify)

Over →

Application for Membership

2017

Membership with INGID is **FREE**; however, if you would like to support INGID your payment options are below. INGID members benefit from a reduced registration rate for Face to Face INGID meetings. **Membership runs from 1st January to 31st December May**

(NB. Currently we are unable to take payment by credit card)

**UK members** pay £32 (i.e. £16 per year) either by cheque or bank transfer- see details below.

Please do not send currency. We accept cheque or bank transfers only. Non-UK members can transfer funds from their accounts through their bank - please contact us for details.

- I enclose my completed form and a cheque for £32 or €40 (make cheque out to INGID)  
**OR**  
 I have enclosed/ faxed my form AND have made a bank transfer into the INGID account for £32 or €40, please contact us for details.

My account is in the name of .....

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

**Please send completed form to:**

Dorothea Grosse-Kreul  
Senior Specialist Nurse for Clinical Immunology &  
Allergy  
King's College Hospital NHS Foundation Trust  
Arthur Levin Building, 2nd Floor  
Room: DSU 02017  
Denmark Hill  
London  
SE5 9RS  
United Kingdom  
Email: [treasurer@ingid.org](mailto:treasurer@ingid.org)

*Thank you for joining INGID. Your next membership renewal will be due by May 31 2018.*

---