



APPLICATION TO SUBSCRIBE TO THE PSP ASSOCIATION AS A MEDICAL PROFESSIONAL



Benefits of Enrolling:

- **as an Individual Medical Professional Subscriber £25 p.a**
 - A Professional Information Pack upon joining the Association
 - Access to a Nurse Specialist telephone helpline (operates during normal office hours, with an answerphone service for out of hours calls)
 - An invitation to our National Symposium held annually in September at preferential rates
 - An invitation to regional Care & Support Groups, three times a year
 - A copy of the *PSP Matters* magazine, produced three times a year
 - Up-to-date information on research into PSP and CBD by the Association
 - A copy of the Carers Information Pack is also available at a reduced cost of £15, including postage and packaging, instead of the normal £20.

- **as a Group for £50 p.a. ***
 - you will receive all the above **plus** up to **5** Professional Information Packs and PSP magazines for your resource library. Quantity required:_____

Please enrol me as a Medical Professional Subscriber to The PSP Association

Main Applicant's Full Name:

Job Title:

Medical Specialism (e.g. GP, OT etc):.....

Professional Address:

.....

..... Postcode:.....

Telephone:

E-mail:

How did you hear about us?

Second Applicant's Full Name:

Job Title:

Medical Specialism (e.g. GP, OT etc):.....

Professional Address:

.....

..... Postcode:.....

Telephone:

E-mail:

The PSP Association, PSP House, 167 Watling Street West, Towcester, Northants NN12 6BX

Tel: 01327 322 410 Email: psp@pspeur.org Website: www.pspeur.org

Working for a world free of PSP

Registered charity 1037087

Third Applicant's Full Name:
Job Title:
Medical Specialism (e.g. GP, OT etc):.....
Professional Address:
.....
..... Postcode:.....
Telephone:
E-mail:

Fourth Applicant's Full Name:.....
Job Title:
Medical Specialism (e.g. GP, OT etc):.....
Professional Address:
.....
..... Postcode:.....
Telephone:
E-mail:

Fifth Applicant's Full Name:
Job Title:
Medical Specialism (e.g. GP, OT etc):.....
Professional Address:
.....
..... Postcode:.....
Telephone:
E-mail:

Payment:

Individual Europe £25p.a / Rest of world £40p.a *Group Rate Europe £50p.a / Rest of world £70p.a

I enclose a cheque for £..... payable to The PSP Association or

I authorise you to debit my Visa/MasterCard/Switch (Maestro) for the sum of: £.....

Card No. / / / Start Date..... / Expiry Date..... /

Issue No (if appropriate).....

Signature: X..... **X** Date:

Please send payment with this application form to:

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