|  |  |
| --- | --- |
| **COMPANY NAME** |  |
| **COMPANY ADDRESS** |  |
| **CONTACT NAME & POSITION** |  |
| **CONTACT NUMBER**  |  |
| **BUSINESS EMAIL** |  |
| **COMPANY WEBSITE** |  |
| **COMPANY DISPLAY NAME** |  |

**Membership Details**

**1. PMPSA Affiliation Package offers:**

* Your company logo on our home page www.pmpsa.org
* Your company listed on our partners page
* A premium listing for sole purpose of company exposure and marketing purposes

This package is offered for £1,500 for a minimum of 12 months.

**2. Exclusive Package offers:**

* The PMPSA Affiliation Package
* Your company logo on our home page [www.privatehealthcareconference.com](http://www.privatehealthcareconference.com)
* Access to discounts and benefits offered by our partners
* One guest speaker slot at PMPSA bi-monthly event or Private Healthcare Conference
* Discount on exhibiting packages at hosted by PMPSA

This package is offered for £3,000 for a minimum of 12 months.

Please kindly indicate below which membership you would like:

**Membership Type:**☐ Affiliation Package
☐ Exclusive Package

**Payment Information**

**Payment Method:**

All payments should be made by bank transfer using the details below.

|  |  |
| --- | --- |
| **Account Name** | **PMPSA** |
| **Bank** | **NatWest** |
| **Account No.** | **93507976**  |
| **Sort Code** | **51-81-22** |

**Terms and conditions**

**Payment**

* Membership will not commence without full payment.

**Cancellation**

* Membership cancellation is non-refundable.

**Terms**

* Our minimum membership period is one year.

**Acceptance of Terms**

By signing below you agree to the terms and conditions set out above.

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**For Office Use Only**

|  |  |
| --- | --- |
| **Membership ID:** |  |
| **Approved By:** |  |
| **Date of Approval:** |  |