



Association of Nurses in Substance Abuse

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Membership Form

Name:

Title: (Dr. Ms. Mr. etc) _____

First Name: _____

Last Name: _____

Work address:

Organisation: _____

Department: _____

Job Title: _____

Address: _____

Post Code: _____

Telephone No: _____

Fax No: _____

Email: _____

Home address:

Address: _____

Post Code: _____

Telephone No: _____

Email: _____

Address for correspondence:

Home:

Work:

Main area of work:

Drugs

Alcohol

Tobacco

Drugs and alcohol

Other (please specify)

Main role within organisation:

Clinical

Research

Management

Education/Training

Health promotion

Prevention

Other (please specify)

Annual membership fee: £20.00

Method of payment:

Cheque (made payable to ANSA)

Standing Order

Type of membership:

Full

Associate

The information provided on this form will be used in accordance with the legal requirements of the current Data Protection Act. Please tick box to confirm that your email address can be used to circulate information to you from ANSA

Signed: _____

Date: _____