
 **BSHI Group Membership – Individual Member Detail Form**

**Hospital or Company name:
Account Administrator (must also hold a membership):
Date:**

Please let us know which Colleagues you wish to provide BSHI Membership by entering their details in the table below.

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| --- | --- | --- | --- | --- | --- |
| No | Title | First Name | Last Name | Contact number | Email Address |
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*(Note: If require more space than this please either add rows or duplicate this form)*

By filling in this form you are confirming that each of the persons detailed above have given you consent to provide their details and that they have read and understood the BSHI Privacy policy.
The BSHI Privacy Policy can be found here:[www.bshi.org.uk/privacy-policy](https://bshi.org.uk/privacy-policy/)

 **Please email this form to** **membership@bshi.org.uk**

The Membership Secretary will update all of the memberships above if they are current BSHI members, or, set up an account for each. Confirmation of BSHI Membership will be emailed directly to them.

It is the responsibility of the Account Administrator to update BSHI of any changes to this Membership.