

# Personal details form

Forename(s)

Surname

Title  Sex

Civil Honours

Home address

Work address

Employer

Post title

Work tel no.

Work fax no.

Preferred email

Secondary email

(Optional)

Please indicate preferred mailing address  Home  Work

## Data protection

The Data Protection Act requires organisations or agencies collecting personal data on individuals to gain their consent before collecting, storing, publishing or analysing their data. By completing and signing this application for admission, you are giving your consent for your data to be stored and used by the FPH. All data will be treated with the strictest confidence and will only be used for legitimate FPH purposes.

Please send to the free postal address below:

**FREEPOST Lon12552**  
**Membership**  
**Faculty of Public Health**  
**4 St Andrews Place**  
**LONDON**  
**NW1 2YZ**



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## Faculty of Public Health

4 St Andrews Place, London, NW1 4LB  
Tel: 020 7935 0243 Fax: 020 7224 6973  
membership@fph.org.uk  
www.fph.org.uk

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2. Payment by credit/debit card

#### Either

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Visa/Mastercard\* American express\*\*

\*A surcharge of 1.61% \*\*A surcharge 3.35%

#### Or

I wish to pay by debit card (no surcharge)

Please indicate card type

Visa Debit  Mastercard

Maestro/Switch  Solo

I authorise you to debit my account with

£

which is my FPH Associate admission fee

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Valid from date     Expiry date

Issue no

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(last 3 digits on signature strip on reverse of card)

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