IPN Initial Contact Form

This form will ensure you are placed on the IPN list of active participants.

**Name:**

**Email:**

I understand that the information contained on this form will be available to all participants of the Independent Practitioners Network. Please specify here if you do NOT want this information to be available within IPN. You may withdraw this permission at any time by notifying the membership secretary [roysemail2@gmail.com](mailto:roysemail2@gmail.com)

Please indicate if you do NOT wish to be added to the email discussion list (which may migrate to a more fully functional private forum in future).

*The following information is optional though it is very useful if IPN Participants wish to contact each other, for example to facilitate joining or forming IPN Groups. In particular, it is helpful if you can indicate your geographical location and area of practice / interest:*

**Phone:**

**Address:**

**Post Code:**

**My main practice / area of interest is:**

**Finance**

We ask for a voluntary annual contribution of £70 for each individual, which will pay for your inclusion in all relevant lists and one year of IPN Network Communication Newsletters. Attendance at up to three National Gatherings held each year is free. The annual update point is in February each year - participants joining in the second half of the membership year receive the following year free.

Please pay either by **bank transfer** to The Co-operative Bank, Account name: Independent Practitioners Network, Sort code: 08-92-99, Account no: 65154881. Please include your name in the reference field.

***or***

send a **cheque** payable to "Independent Practitioners Network" to the Membership Secretary, address as below.

**Please send this form** by email to IPN Membership Secretary [roysemail2@gmail.com](mailto:roysemail2@gmail.com) **or** send a paper copy to Roy Turner, 16 St Bartholomews Rd, Reading RG1 3QA.

**In either case, please indicate here** whether you are paying by bank transfer or cheque.