

Botswana Paediatrics Association (BPA) Membership Application Form

Surname: _____ **First Name(s):** _____

Title: _____

Profession [tick one]: Doctor/Specialist ☐ Doctor/Generalist ☐ Doctor/Resident ☐
Lab Scientist ☐ Pharmacist ☐ Nurse ☐ Medical Student ☐ Other ☐ _____

Qualifications: _____

Membership category [tick one]:

Full ☐ Associate ☐ Affiliate ☐ Emeritus ☐ International ☐

Practice Address: _____

Postal Address: _____

City: _____

Country: _____

BHPC Registration Number: _____ * please attach copy of most recent blue card

Tel.No: _____ **Cell:** _____

Fax: _____ **E-mail:** _____

Would you like to be added to the BPA provider network for patient referrals? Yes ☐ No ☐

Where do you practice? Private Sector ☐ Public Sector ☐ Both Private & Public ☐ Other ☐ _____

Do you practice in a rural area ☐ or urban area ☐ ?

Do you prefer to receive information from BPA head office by: WhatsApp ☐ or email ☐ or both ☐ ?

Have you completed the following courses: Paediatric KITSO, PALS, APLS, NRP Course? If not, would you be interested in doing the course?

Paediatric KITSO:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wish to do this course <input type="checkbox"/>
PALS:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wish to do this course <input type="checkbox"/>
NRP:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wish to do this course <input type="checkbox"/>
APLS:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wish to do this course <input type="checkbox"/>

Optional demographic information for reporting

Gender: Male ☐ Female ☐ Date of Birth: Day____ Month____ Year____

Annual Membership Fees

Full membership [P200](#), Associate membership [P100](#), Affiliate membership [P100](#), Emeritus membership [P200](#),
International membership [P200](#)

Fees may be paid by cheque, cash or electronically. Please make cheques or deposit slips payable to:

Botswana Paediatric Association

Payment Method: EFT: ☐ Bank deposit: ☐ Cheque: ☐ Cash: ☐

Amount Paid: _____

Payment Date: Day____ Month____ Year____