
 **ASPiH Institutional Membership –Individual Member Detail Form**

 **Institution:
Institution Account Administrator:
Date:**

Please let us know which Colleagues you wish to provide ASPiH Membership by entering their First name, Last name and Email address in the table below.

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

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

Admin will set up an account for each of the persons detailed above and confirmation of ASPiH Membership will be emailed directly to them.

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