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Type of Application

Join
Renew

2

Membership Category

Consumer
Researcher/Educator
Health Care Professional
Industry

3

How would you like to describe your interests on the EBE (or NHSF) Websites (leave blank if you do not wish to be on the website)?

4

Organization/Individual Details

Name
Contact Person
Job Title
Email

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I approve our application for membership and (if you have completed Section 3) the publication of my interests and my name on the EBE (or NHSF) websites

Name	Position	Date

As of January 2024 membership of EBE is free of charge, but in future membership fees may be applied, which will be fully optional.

By completing this membership form, you agree to be contacted by NHSF/EBE. Our privacy policy can be found on our website at <https://nathealthscience.org/privacy-policy/>

Please tick this box in case you would NOT like to be part of our mailing list