



Application for AMSPAR Membership

2019/2020

Personal Details

Title Mr Mrs Ms Miss Other _____

Surname _____

Forename _____

Home Address _____

Town _____

County _____ Post Code _____

Primary Contact No. () _____ D O B | D | D | M | M | Y | Y

Home E mail address _____

Work Details

Name of Workplace _____

Work Address _____

Town _____

County _____ Post Code _____

Work Telephone () _____ Extension _____

Work E mail address _____

Job title _____

How long have you worked in healthcare? _____ years _____ months

If you have an AMSPAR qualification

Which AMSPAR qualification did you achieve?

Practice Management / DPCHM Medical Secretarial / ADMS Medical Receptionist / IDMR

Cert / Dip in Medical Admin - Level 2 Cert in Medical Admin / Dip in Medical Secretaries - Level 3

Medical Terminology Level 2 Medical Terminology Level 3 Other _____

Where did you study for this qualification? (*college/centre name*) _____

When did you qualify? _____ month _____ year

AMSPAR wishes to encourage suitably qualified people to apply for membership. The Disability Discrimination Act 1995 defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day to day activities". Based on this definition, do you consider yourself to have a disability? Yes No (*delete as applicable*)

By completing all sections and signing the application form I agree to AMSPAR holding the above information solely for the purposes of administering my membership as outlined in our Personal Data Statement (see www.amspar.com)

Category of Membership

General Membership

The existing general membership rules still apply for the general membership of AAMS, MAMS, FAMS (Honorary)

Memberships are renewed on 1st April. If you join between the dates listed below the corresponding fee will apply.

Level 5 Diploma

				Reduced (after 1 st October 2019)	
Certified Strategic Manager	<i>CS Mgr MAMS</i>	£80	<input type="checkbox"/>	£40	<input type="checkbox"/>
(with 5 years post experience)	<i>CS Mgr FAMS</i>	£85	<input type="checkbox"/>	£45	<input type="checkbox"/>

Level 5 Certificate

Certified Practice / Health Manager	<i>CP Mgr MAMS</i>	£75	<input type="checkbox"/>	£35	<input type="checkbox"/>
(with 5 years post experience)	<i>CP Mgr FAMS</i>	£80	<input type="checkbox"/>	£40	<input type="checkbox"/>

Level 2 or 3

Certified Practice Health Administrator	<i>CP Adm MAMS</i>	£70	<input type="checkbox"/>	£30	<input type="checkbox"/>
(with 5 years post experience)	<i>CP Adm FAMS</i>	£75	<input type="checkbox"/>	£35	<input type="checkbox"/>

Certified Membership by APL

Qualification: _____

Payment Details via electronic transfer, payment should be made to:

Natwest Sort Code **50-30-25** Account No: **12762989** Ref: **Surname plus MSHIP**

Cheques to be made payable to **AMSPAR** (add your membership number to the back of the cheque)

I hereby apply for membership of the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists, and agree to abide by the Articles and Bye-Laws of the Association for the time being in force. I enclose a cheque or postal order made payable to AMSPAR for the correct amount. I understand that the information requested here will be used by AMSPAR exclusively and not passed on to any third parties. If I have an AMSPAR qualification, I have enclosed a copy of the relevant Diploma / Certificate(s) or, if I do not have an AMSPAR Diploma, I have enclosed a copy of my qualification and CV.

Signature _____

Date _ / _ / ____

Your completed application form and payment should now be sent to:

Membership Department, AMSPAR, Tavistock House North, Tavistock Square, London, WC1H 9LN

(The process can take up to 28 working days.)