



# ARTP

Association for  
Respiratory Technology  
& Physiology

**Membership applications are accepted at the discretion of the ARTP Executive Board,  
and the decision of the Executive Board is final.**

## ARTP New Member Application Form

### Contact Details

Title  Surname  Forename  DOB  /  /

Job Title:  Band:

### Departmental/University Address

### Home Address

Tel No:

Email(1):  Home Email:

*Please provide an up-to-date e-mail address for correspondence*

### Department Type

e.g. Respiratory, Cardio-respiratory, Multidisciplinary,  
Sleep, Nursing, Physiotherapy, Primary Care

### Institution

e.g. Hospital, Private Practice, GP Practice, Commercial,  
Research

Please indicate if you are a member or if you have registration with any other professional body or organisation:

BTS\*  ERS  SCST  BSS\*  NMC  GMC  Other:

(\*Reciprocal agreement for membership)

### Qualifications Obtained – insert month and year of completion

ARTP Associate (P1)  /  MSc  /  BSc  /

Specify:

Specify:

ARTP Practitioner (P2)  /  PhD  /  MBBS  /

Spirometry  /  Other (with date)

Specify:

Please tick the investigations you perform:

- |  |   |
|--|---|
| <input type="checkbox"/> Spirometry          | <input type="checkbox"/> Sleep Studies          |
| <input type="checkbox"/> Full Lung Function  | <input type="checkbox"/> Walk Tests             |
| <input type="checkbox"/> CPET                | <input type="checkbox"/> Hypoxic challenge      |
| <input type="checkbox"/> Bronchial Challenge | <input type="checkbox"/> Other (please specify) |

## ARTP Membership (please see tariff for further explanation)

- PTP Student (FREE)                       STP Student (£25)                       Assistant Practitioner (£28)
- Unregistered Member (£42)                       Registered Member (£42)                       Allied (without reciprocal) (£42)
- Allied (with reciprocal) (£32)                       Corporate (primary) (£275)                       Corporate (secondary) (£42)
- Sleep Only (£25)                       Sleep Only (with BSS reciprocal)(£17)                       Overseas (£42)

• Registration body and number:

 

• If applying for student membership only please advise:

Current Year of Study:  University:

• If applying for Allied Professional, membership number for reciprocal reduced fee:

• Corporate Primary Contact

### ARTP Sleep

Please tick this box if you would like to add ARTP Sleep to your ARTP membership at no additional cost

### European Respiratory Society (ERS)

#### ERS Membership Fee:

ARTP member under 65 years of age: £20 per year

ARTP member aged 65 and over years: £0 per year (complimentary annual membership)

Tick this box if you wish to upgrade your existing membership to include the membership of ERS and wish to pay the relevant fee.

### Data Protection

#### **General Data Protection Regulations (GDPR)**

Under the terms of the GDPR we can only contact you when you have given us explicit permission to do so. Simply filling out the application form does not allow us to contact you in other contexts. Please leave any fields that you do not wish to partake in blank or unchecked.

I would like to receive ARTP News

I would like to receive ARTP Research Update (Surveys/Reports)

I would like to receive ARTP Events Updates

I would like to receive ARTP Education/ Courses Updates)

I would like to receive job advertisements )

#### **DECLARATION**

I agree to be bound by the terms of the Association's Constitution, Disciplinary Code and Codes of Conduct. This information is available on the ARTP website: [www.artp.org.uk](http://www.artp.org.uk)

I declare the information I have provided in this application is, to the best of my knowledge, accurate and up-to-date.

Signature: \_\_\_\_\_ Date:  /  /

**Address:** ARTP c/o Executive Business Support, City Wharf, Davidson Road, Lichfield, Staffordshire, WS14 9DZ

**Tel:** 01543 442141

**Fax:** 0121 355 2420

**Email:** [admin@artp.org.uk](mailto:admin@artp.org.uk)

**Web:** [www.artp.org.uk](http://www.artp.org.uk)

Please give one referee who supports your application, with their membership number if a current member of the ARTP. Please include: Title, Name, Department/Business address.

Referee

**Please complete the payment part of this form – registration forms will not be accepted without this section being completed.**

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**Web:** [www.artp.org.uk](http://www.artp.org.uk)

## Payment

I wish to pay by Direct Debit – complete form at:

[http://www.artp.org.uk/en/join-us/membership-direct-debit/dd\\_setup.cfm](http://www.artp.org.uk/en/join-us/membership-direct-debit/dd_setup.cfm)

*Please Note: Reoccurring payments are taken on the 15th May every year with the exception of your first payment if it does not correspond with this date. The first payment will be taken on the next 15th of the month following your acceptance into the association; all following payments will then be taken annually on the 15th May.*

I wish to pay by Cheque (please make payable to ARTP and include the additional £5 charge)

I wish to pay by Debit/Credit Card

**Please contact EBS on 01543 442141 to pay by debit/credit card**

**I require an Invoice** (Please note multiple/departmental renewals can be made by invoice, and an additional £5 processing fee will be added **per invoice**)

Hospital/Purchase Order Number: \_\_\_\_\_

Full Invoicing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Finance Department E-mail address: \_\_\_\_\_

Finance Department Telephone: \_\_\_\_\_

**Please return your completed form to the address below**

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