

**Member details (online registration)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Forename |  | Initials |  | Surname |  |

|  |  |
| --- | --- |
| Company/Practice name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel Home |  | Tel Work |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile |  | Fax |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |
| --- | --- |
| Home Address |  |
| Postcode |  |

|  |  |
| --- | --- |
| Work Address |  |
| Postcode |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mailing address: | *Work* |  | *Home* |  | Invoice address: | *Work* |  | *Home* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | Qualification Year |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender: | *F* |  | *M* |  | *Prefer not to say* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you an MRCVS? | *Yes* |  | *No* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a BVA Member? | *Yes* |  | *No* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a SVS Member? | *Yes* |  | *No* |  |

|  |  |
| --- | --- |
| Other associations you are a member of |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you hold any of the following qualifications? | *CertCHP* |  | *DipCHP* |  |

|  |  |
| --- | --- |
| *Other* |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Main area of work: | *Dairy* |  | *Beef* |  | *Both* |  | *Mixed practice* |  | *Education* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Pharmaceutical |  | Other |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Which member benefits are most important to you? | *Cattle Practice Journal* |  | *Reduced CPD rates* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Being represented on various groups at a national level* |  | Other |  |
|  |  |  |

Permissions

Please select the options below on how you would like to receive information from us by ticking the appropriate boxes:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Newsletter:** | *Post* |  | *Email* |  | *Both* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CPD Mailings:** | *Post* |  | *Email* |  | *Both* |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Third Party Mailings:** | *Post* |  | *Email* |  | *Both* |  | *I do not want to receive third party mailings* |  |

If there was a national disease outbreak we would like to contact you as above but would also like to send out regular updates via Text message. If you are happy for us to contact you this way please tick the box below and provide a current mobile number. You can remove this request at any time by email office@cattlevet.co.uk

I agree to national disease outbreak alerts being sent via text message:

You can view our privacy statement at <https://www.bcva.eu/privacy-policy-and-terms>

BCVA would like to inform members about the Annual General Meeting via the Website. If you are happy to receive this notification via email please give your consent by signing the declaration below. However, if you prefer to receive the information by post please complete the 2nd part of the declaration only.

**CONSENT**

I/We agree to the Company's request to send or supply documents and information to me/us in electronic form.

My/our address for such purposes is …………………………………………………………………………………………………………………….

Signed .................................................................................

Print name of Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ........................................................

**ONLY COMPLETE IF HARD COPY IS REQUIRED**

I/We elect to continue to receive documents and information in hard copy from the Company by post.

Signed .................................................................................

Print name of Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ........................................................