



Application for AMSPAR Membership

Personal Details

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If you have an	ΑM	ISP/	AR (qua	alific	cat	tior	า																
Which AMSPAR qualif ☐ Practice Managemo ☐ Cert / Dip in Medic ☐ Medical Terminolog	ent / al A	DPC dmin	CHM - Le	l vel	⊐ M∈ 2	edic		Secret Cert in Termi	n Me	dical	Adr	nin	/ D	ip i	n M		al Se	ecre	etar	ies	- Le			
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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)

Additional Info	rmatio	n									
How did you hear at	out AMSI	PAR?									
State in order of price	ority the r	easons w	hy you	want to	join AM	SPAR (1 I	being t	the mos	t importa	nt)	
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I hereby apply for m Receptionists, and a enclose a cheque or information requeste AMSPAR qualification AMSPAR Diploma, I	gree to al postal or ed here w n, I have	bide by the der made ill be use enclosed	ne Artion payab d by Al a copy	cles and I ble to AM MSPAR e of the re	Bye-Law SPAR fo xclusive elevant l	s1 of the r the corr y and no Diploma /	Associ ect and t passo Certif	iation fon to a continuity in the continuity in	or the time I understate any third or. If I d	e being i and that d parties do not ha	n force. I the . If I have an ave an
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We will decide your r healthcare experience,											
Section to be o	comple	ted by	curre	ent em	nploye	r (to be	comple	eted if n	o qualific	ations er	nclosed)
I can confirm that th	ne applica	nt has be	en em	ployed as	s a:						
for a period of experience to join Al											
Signed									Date	e/_	
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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.)