



Individual Membership Application Form

This form is to be used by individuals who wish to become GAPRUKI members. Individual membership is free, but members must agree to abide by the terms and conditions laid out in the GAPRUKI operational policy.

Please return completed forms to the GAPRUKI secretary: gapruginetwork@gmail.com

Title	
Surname	
First name	
Job title	
Department	
Institution	
Address	
Preferred email address	
Telephone number	
Area(s) of research interest	

Statement

I agree to abide by the terms and conditions of the group as laid out in the GAPRUKI operational policy (available to view on the GAPRUKI website).

In submitting this form, I agree to my personal data (above) being held by GAPRUKI and to being contacted by GAPRUKI about paediatric research issues (as deemed relevant by the executive committee) using the contact details provided above.

GAPRUKI will not share any personal details with outside parties without specific consent from members.

Signed:

Date: