

Membership Application Form

The Industry network for the life science & healthcare sectors in the South West Medilink South West is a membership-based professional organisation with a remit to stimulate growth and innovation in the medical and health technology sector throughout the South West. It is part of Medilink UK, a national network of Medilink partners working to improve innovation and technology transfer in the UK healthcare sector.

1. *Membership Application:*

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Position: |  |
| Company/Organisation: |  |
| Company Phone Number: |  |
| Mobile Number: |  |
| Email: |  |
| Company Address:  Postcode: |  |

2. *Newsletter:* I would like to sign up and receive the MLSW monthly newsletter: **Yes / No**

3. *Networking and Events:* I am interested in receiving regular updates: **Yes / No**

4. *Website:* I would like my company details added to the members’ page: **Yes / No**

By signing, I hereby give permission to Medilink South West to hold my contact details and I understand that I will only be contacted as indicated above and that my information will not be shared with third parties, unless it is in my interest and with my permission.

|  |  |
| --- | --- |
| Signed: |  |
| Name: |  |
| Date: |  |

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(To be completed by Medilink South West)

|  |  |
| --- | --- |
| Membership signed on: |  |
| Membership valid until: | Membership FREE (Promotional offer) |

Please send all completed membership forms to:

Medilink South West, c/o Future Space, Filton Road, Bristol BS34 8RB

or email to [Julie.Maggs@uwe.ac.uk](mailto:Julie.Maggs@uwe.ac.uk)