The Committee will make every effort to communicate with PHYSiiG members and those interested in its work.  Membership is open to anyone with an interest in Physiotherapy aspects of CF care.  If you would like to join, please complete the following membership application and email to physig.ecfs@gmail.com*.*

|  |  |
| --- | --- |
| Name\* |   |
| Profession\* |  |
| Workplace\*  |  |
| Preferred contact address |  |
| Preferred email address\* |  |
| Back up email address if necessary |  |
| Telephone  |  |
| Membership of ECFS | YES/NO.If yes, please provide Membership number \_\_\_\_\_\_ |
| Areas of special interest. |  |
| I agree for my personal details to be stored on an electronic database for the business of PHYSiG and to receive PHYSiG/ECFS related communications.  |  Signature(Your details will not be passed on to a third party without your permission).  |

\* Indicates mandatory field.