

SOCIETY FOR CARDIOTHORACIC SURGERY
IN GREAT BRITAIN AND IRELAND

APPLICATION FORM FOR MEMBERSHIP

Please complete in **BLOCK** letters. Applications for **Consultant, Trainee and Overseas members** should be proposed by a voting member of the Society and be returned **with a copy of your c.v.** to the address below.

Please attach a cheque with your application form to cover the joining fee stated in brackets beneath each category below. Closing date for 2009 applications – February 13th 2009.

Applications are considered by the Executive Committee and then ratified at the ABM during the Annual Meeting held in March each year.

Title First Name Family Name

Date of Birth

Position

Hospital

Hospital Address

..... Post Code Country

Telephone Facsimile

E-mail

Home Address

..... Post Code Country

Please send all correspondence to my: Hospital address Home address

Membership I wish to apply for: Consultant (£245) Trainee (£125) Overseas (£125)

Please tick relevant boxes below:

CV attached Joining fee attached

Signature of Proposing Member

.....
Signature of Proposing Member

.....
Name of Proposing Member (Please Print)

.....
Date

Signature of Applicant

.....
Signature of Applicant

.....
Date

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