

SOCIETY FOR CARDIOTHORACIC SURGERY
IN GREAT BRITAIN AND IRELAND

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

Please complete in **BLOCK** letters. Applications for **Associate members** should be proposed by a voting member of the Society and be returned to the address below.

Please attach a cheque with your application form to cover the joining fee stated in brackets next to the membership category below. Closing date for 2010 applications – February 12th 2010.

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: Associate (£25)

Please tick box which most closely reflects your position:

Nurse Surgical Assistant Database Manager Other – please specify

Please tick box below:

Joining fee attached

Signature/Name of Proposing Member

.....
Signature of Proposing Member

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

.....
Date

Signature of Applicant

.....
Signature of Applicant

.....
Date

Society for Cardiothoracic Surgery
35-43 Lincoln's Inn Fields, London, WC2A 3PE



