

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 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: 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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