

SOCIETY OF CARDIOTHORACIC SURGEONS
OF GREAT BRITAIN AND IRELAND

APPLICATION FORM FOR MEMBERSHIP

Please complete in **BLOCK** letters. Applications for **Consultant and Trainee 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.

Associate and overseas members should be proposed by TWO members, one of whom should be a voting member.

Applications are considered at each Meeting of the Executive Committee (usually held in February, July and November and then ratified at the AGM 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 Trainee Overseas Associate

Consultant / Trainee (1)
[Only one signature required]

.....
Signature of Proposing Member

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

.....
Date

Overseas / Associate (2)
[Signature required here
and above]

.....
Signature of Proposing Member

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

.....
Date

.....
Signature of Applicant

.....
Date

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