

APPLICATION FOR MEMBERSHIP

Please use CAPITALS and as appropriate

TYPE OF MEMBERSHIP Full Member - £380 Trainee - £175 Associate - £175
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 Affiliate - £75 [+ journal] Corresponding - £75 [+ journal] Retired - £75 [+ journal]

I ALSO WISH TO BECOME A MEMBER OF:

Facial Plastics Group British Society of Otolaryngology ENT UK Head & Neck

PERSONAL DETAILS Professor Doctor Mr Mrs Ms Miss

Surname _____ Forenames _____

D.O.B. _____ G.M.C. No. _____ Region (please refer to Region classification) _____

Qualifications _____

Current appointment _____

Hospital address _____ Home Address _____

Postcode _____ Postcode _____

☎: _____ Mobile: _____

E-✉: _____ E-✉: _____

Address for correspondence Hospital Home I DO wish my address to be made available to other organisations

Are you available for locum duties? Yes No Are you willing to serve as an expert witness? Yes No

If YES, please indicate your special interests _____

I DECLARE THAT I AM ENGAGED IN THE PRACTICE OF OTORHINOLARYNGOLOGY – HEAD AND NECK SURGERY AND THAT IF I AM ELECTED I AGREE TO BE BOUND BY THE RULES OF THE ASSOCIATION

Signature _____ Date _____

SPONSORS – the name and hospital of TWO sponsoring ENT-UK Full or Associate Members:

Name _____ Name _____

Hospital _____ Hospital _____

Postcode _____ Postcode _____

Signature _____ Signature _____

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