

## MEMBERSHIP APPLICATION FORM

PLEASE PRINT IN BLOCK CAPITALS

1.	TITLE	FIRST NAME(S)	
2.	SURNAME	D.O.B ...../...../..... DD MM YY	
3.	CURRENT APPOINTMENT & YEAR APPOINTED	GMC No: (if applicable) .....	
4.	QUALIFICATIONS		
5.	ADDRESS for CORRESPONDENCE		POST CODE .....
6.	TEL:	MOBILE:	E-MAIL:
7.	HOSPITAL NAME & ADDRESS		POST CODE .....
	<input type="checkbox"/> Please tick here if you are currently a trainee and this is not a permanent address		
8.	PLEASE STATE YOUR SURGICAL SPECIALTY (IF APPLICABLE):		
	PLEASE STATE YOUR SPECIAL INTERESTS:		
9.	IS YOUR UNIT PART OF THE NHS BSP? YES/NO		

10.	<b>SPONSORS</b> NAME & ADDRESS OF TWO SPONSORING <b>ABS FULL MEMBERS:</b> Please print in BLOCK CAPITALS:			
	NAME:	NAME:		
	ADDRESS:	ADDRESS:		
	Signed by sponsor:	Signed by sponsor:		
11.	<b>CATEGORY &amp; MEMBERSHIP GRADES 2017</b>		Please tick box) <input checked="" type="checkbox"/>	
	<b>Full:</b>	Professor, Senior Lecturer, Consultant, Associate Specialist, Staff Grade, Breast Physician	£250	<input type="checkbox"/>
	<b>Associate:</b>	ST Trainee, FY Trainee, Clinical Assistant	£180	<input type="checkbox"/>
	<b>Affiliate:</b>	Clinical Nurse Specialist, Specialist Breast Nurse, Researcher, Allied Health Professionals		
		Without EJSO	£53	<input type="checkbox"/>
		With EJSO	£106	<input type="checkbox"/>
	<b>Overseas:</b>	Relevant professionals working outside of the UK	£106	<input type="checkbox"/>
	<b>EJSO paper subscription</b> (See note 1)		£44	<input type="checkbox"/>
	<b>Total membership fees</b>		<b>£</b>	
	<p><b>Note 1:</b> Full, Associate and Overseas members receive an electronic subscription to the European Journal of Surgical Oncology as part of their subscription. Affiliate members can choose to receive the EJSO or not. Members wishing to receive a paper copy of the EJSO in addition to their electronic subscription must pay an additional EJSO paper subscription fee.</p> <p><b>Note 2:</b> All UK members must pay their subscriptions by direct debit and should complete the mandate for the collection of their initial and subsequent subscriptions. Overseas members without a UK bank account should send an international draft in Sterling for their initial subscription or can be provided with bank account details to make a BACS payment.</p> <p><b>Note 3:</b> Members from the Republic of Ireland can choose to join as Full, Associate or Affiliate members or as an Overseas member.</p> <p><b>Note 4:</b> The subscriptions year runs from the 1st January and all members' subscriptions are taken annually each January. Members joining from September to December will not have their subscription taken initially but will be included in the annual collection of subscriptions the following January.</p>			
12.	<b>SIGNATURE OF APPLICANT:</b>		<b>DATE:</b>	
	<p><b>Please return your completed form with a full copy of your CV and Direct Debit Mandate to:</b>          Association of Breast Surgery, at The Royal College of Surgeons of England,          35 - 43 Lincoln's Inn Fields, London WC2A 3PE</p>			

Data Protection – The Association of Breast Surgery does not release membership addresses to any organisation or external body. However, we do agree to include in our mailings relevant items from other organisations, which are thought to be of interest. As affiliate members of the European Society of Surgical Oncology, all ABS members' addresses are passed to their administrative office. Members, who receive the EJSO, will have their addresses passed to the Journal's publisher for journal distribution.

Instruction to your Bank or  
Building Society to pay by  
Direct Debit



Please complete using a black ball point pen, then return to:

Association of Breast Surgery  
at The Royal College of Surgeons  
35 - 43 Lincoln's Inn Fields  
London WC2A 3PE

Service User Number:

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For Office Use Only : ABS membership reference number

### Instruction to your Bank or Building Society

Please pay ABS Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I/We understand that this Instruction may remain with ABS and, if so, details will be passed electronically to my Bank or Building Society.

Signature(s) of account holder(s)

Two signatures are required for joint account holders

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Date: \_\_\_\_\_

Name of Account Holders to be debited (BLOCK LETTERS)


Bank or Building Society account number:

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Branch sort code:

		-			-		
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Name and full postal address of your Bank or Building Society:

To: The Manager	Bank/Building Society
Post code:	

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

Company No 7207053, Registered Office: 35 - 43 Lincoln's Inn Fields, London WC2A 3PE Limited by Guarantee and Registered as Charity No 1135699



**This guarantee should be detached and retained by the payer.**

## THE DIRECT DEBIT GUARANTEE



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit, the Association of Breast Surgery will notify you at least ten working days in advance of your account being debited or as otherwise agreed. If you request the Association of Breast Surgery to collect a payment, confirmation of the amount and date will be given to you at the time of your request.

If an error is made in the payment of your Direct Debit, by the Association of Breast Surgery or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when the Association of Breast Surgery ask you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.