

MEMBERSHIP APPLICATION FORM (PLEASE PRINT IN BLOCK CAPITALS)

TITLE	FIRST NAME	OTHER NAME IF USED
SURNAME		D.O.B / / DD MM YY
CURRENT APPOINTMENT & YEAR APPOINTED		
GMC No: (if applicable)		
QUALIFICATIONS		
ADDRESS for CORRESPONDENCE		
POST CODE		
TEL	MOBILE	EMAIL
HOSPITAL NAME & ADDRESS		(ABS Mammary Fold Associate member applicants only) Please state your training Deanery:
POST CODE		
PLEASE STATE YOUR SURGICAL SPECIALTY (IF APPLICABLE):		
SPONSORS NAME & ADDRESS OF TWO SPONSORING ABS FULL MEMBERS:		
NAME:	NAME:	
ADDRESS:	ADDRESS:	
Signed by sponsor:	Signed by sponsor:	

CATEGORY OF MEMBERSHIP		Please tick box) <input checked="" type="checkbox"/>
FULL MEMBER: Consultant, Professor, Senior Lecturer, Associate Specialist, Breast Physician and Staff Grade	£290	<input type="checkbox"/>
NON-SURGICAL INTERSPECIALTY MEMBERSHIP: Consultant, Associate Specialists and Staff Grades from specialties other than surgery	£125	<input type="checkbox"/>
ABS MAMMARY FOLD ASSOCIATE MEMBER SENIOR GRADE: Specialty Trainees (from ST4) <i>Please state your anticipated CCT date:</i>	£55	<input type="checkbox"/>
ABS MAMMARY FOLD ASSOCIATE MEMBER JUNIOR GRADE: Medical Students, Foundation, Core and Specialty Trainees (up to ST3) (see NOTE 1) <i>Please state the anticipated date you will complete your ST3 year:</i>	NO FEE	<input type="checkbox"/>
AFFILIATE MEMBER WITHOUT EJSO: Clinical Nurse Specialist, Specialist Breast Nurse, Researcher, Allied Health Professional	£65	<input type="checkbox"/>
AFFILIATE MEMBER WITH EJSO: Clinical Nurse Specialist, Specialist Breast Nurse, Researcher, Allied Health Professional	£125	<input type="checkbox"/>
OVERSEAS MEMBER (STANDARD): Relevant professionals working outside of the UK (see NOTE 2)	£125	<input type="checkbox"/>
OVERSEAS MEMBER (LOW AND MIDDLE INCOME): Relevant professionals working in low and middle income countries (see NOTE 3)	£50	<input type="checkbox"/>
EJSO paper subscription (see NOTE 4)	£44	<input type="checkbox"/>
ESSO affiliate membership (see NOTE 5)	£40	<input type="checkbox"/>
TOTAL MEMBERSHIP FEES	£	

NOTE 1: Junior Grade ABS Mammary Fold Associate Members must provide proof of their grade with their membership application. There is no subscription fee for this membership. A direct debit mandate need not be completed for this membership category.

NOTE 2: Members from the Republic of Ireland can choose to join as Full, Mammary Fold Associate or Affiliate members, or as Overseas members.

NOTE 3: Individuals living and working in low and middle income countries as defined by the World Bank may join the ABS at this rate. The list is available on the ABS website. These members will not receive an electronic subscription to the EJSO.

NOTE 4: Members who receive the EJSO as part of their subscription will automatically receive an electronic subscription to the European Journal of Surgical Oncology. Members wishing to receive a paper copy of the EJSO in addition to their electronic subscription must pay an additional EJSO paper subscription fee.

NOTE 5: Members can subscribe for affiliate membership of ESSO through the ABS. This rate is not available direct from ESSO as it takes into account the EJSO subscription, which the membership categories specified below, receive through the ABS.

Membership benefits: As part of their membership subscription Full members, ABS Mammary Fold Associate members senior grade, Affiliate members with EJSO and Overseas (Standard) members receive an electronic subscription to the EJSO.

Payment of subscriptions: All UK members must pay their subscription by direct debit and should complete the mandate for 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. The subscription year runs from the 1st January and all members' subscriptions are taken annually each January. Members joining between September and December will not have their subscription taken initially but will be included in the annual collection of subscriptions the following January.

DATA PROTECTION

The Association of Breast Surgery does not release membership addresses to any organisation or external body. We will routinely send communications to our members of information we feel will be of interest to them. The ABS privacy policy is available at www.associationofbreastsurgery.org.uk

I wish to receive mailings from the ABS by both post and e-mail:

Yes

No

Full members and all ABS Mammary Fold members are represented within the ABS by their regional representative. In order to facilitate communication with the membership the ABS passes on members' contact e-mail addresses to the regional representatives to allow them to represent the membership to ABS and Mammary Fold committees. The regional representatives will not use this e-mail address for any other purpose.

I consent to my contact e-mail being given to the representative for my region:

Yes

No

As affiliate members of the European Society of Surgical Oncology (ESSO), members' addresses are passed to their administrative office. Members with an EJSO subscription will have their details passed to the Journal's publishers for journal distribution.

Please tick here to consent to having your details passed to ESSO and the EJSO's publishers (if applicable):

Yes

No

SIGNATURE

DATE:

**Please return your completed form with a full copy of your CV
and Direct Debit Mandate to : office@absghi.org.uk**

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)

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:	

Two signatures are required for joint account holders	
Date:	

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.