

Nurse Unit Membership – Association of Breast Surgery

The Association of Breast Surgery is committed to supporting nurses working in breast care. The ABS is offering the opportunity for all nurses working in a breast multidisciplinary team to become members of the ABS.

Nurses are an essential part of any breast multidisciplinary team, both as breast care nurse specialists and increasingly taking on additional roles as advanced nurse practitioners. The ABS aims to support nurses working in breast care both professionally and educationally :

- The Nursing Membership of ABS elect a Nursing Trustee to sit on the ABS Executive Board. Nurse members also represent their colleagues on ABS Committees. They therefore have the opportunity to raise specific nursing issues at a national level, where the ABS may be able to provide support and guidance.
- Nurse members of the ABS will have input into the planning and programme content of relevant sessions at the ABS Conference
- Nurse members of the ABS will be eligible for reductions to registration fees for the ABS sponsored conferences

Nurse Unit Membership of the ABS is free.

- It requires a surgeon from a specific breast unit, who is a Full Member of the ABS, to sponsor the proposed members on this form.
- One nurse per unit needs to be the contact to whom we will send paper copies of any mailings. All other nurses will provide their e-mail addresses and will be e-mailed individually any information from the Association.
- This form will be circulated annually to the contact nurse to ensure that membership lists remain accurate
- Nurse Unit Members will not receive the European Journal of Surgical Oncology or affiliate membership of ESSO. Nurses wishing to receive these membership benefits can join as affiliate members

To join the ABS as a Nurse Unit Member please complete the form overleaf.

Nurse Membership of Association of Breast Surgery

Hospital Name:

Hospital Address (to be used for correspondence to the contact nurse member):

.....
.....

Post Code:

Nurse Members:

1. Contact Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

2. Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

3. Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

4. Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

5. Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

(Please complete any additional members on a separate sheet)

Name of proposing surgeon:

(must be a full member of the ABS)

.....

Signed:

Date:

Seconded and approved for the ABS Trustees by:

.....

Signed:

Date:

Please return this form to Jackie Spencer at the Association of Breast Surgery (address overleaf)