

NURSE MEMBERSHIP APPLICATION FORM

(PLEASE PRINT IN BLOCK CAPITALS)

Nurse Membership of the Association of Breast Surgery is offered for free to nurses working in the UK or Ireland in units where a full member of the ABS is based. To join as a nurse member please complete the form below:

TITLE	FIRST NAME(S)		
SURNAME			
JOB TITLE			
ADDRESS for CORRESPONDENCE		HOSPITAL NAME & ADDRESS	
POST CODE		POST CODE	
PREFERRED EMAIL ADDRESS		PREFERRED PHONE NUMBER	
SIGNATURE		DATE	
NAME OF PROPOSING SURGEON: (must be a full member of the ABS and work in the same unit)		SECONDED AND APPROVED FOR THE ABS TRUSTEES BY:	
Name:		Name:	
Signed		Signed	
Date		Date	
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 <input type="checkbox"/>
			No <input type="checkbox"/>

Please return the completed form to:
Membership, Association of Breast Surgery, at Royal College of Surgeons of England,
35-43 Lincoln’s Inn Fields, London WC2A 3PE