

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
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JOB TITLE (Please tick which of the following is closest to the role you work in currently)	
<input type="checkbox"/> Breast Care Nurse	<input type="checkbox"/> Consultant Nurse
<input type="checkbox"/> Clinical Nurse Specialist	<input type="checkbox"/> Metastatic Nurse
<input type="checkbox"/> Research Nurse	<input type="checkbox"/> Surgical Care Practitioner
<input type="checkbox"/> Advanced Nurse Practitioner	
If your role does not fit any of these descriptions please outline your role here:	

ADDRESS for CORRESPONDENCE	HOSPITAL NAME & ADDRESS
POST CODE	POST CODE

PREFERRED EMAIL ADDRESS	PREFERRED PHONE NUMBER
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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

CONTINUED...

DATA PROTECTION

I agree to receiving membership mailings from the ABS by e-mail:

Yes

No

I agree to receiving sponsored mailings by e-mail from the ABS on behalf of their corporate partners:

Yes

No

The Association of Breast Surgery does not release members' addresses to any organisation or external body.
The ABS privacy policy is available at www.associationofbreastsurgery.org.uk

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

Yes

No

Nurse 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 regional representatives to allow them to represent the membership at ABS committees. The regional representatives will not use this e-mail address for any other purpose.

SIGNATURE:

DATE:

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