

## MEMBERSHIP APPLICATION FORM (PLEASE PRINT IN BLOCK CAPITALS)

<b>TITLE</b> (Miss/Ms/Mrs/Mr/Dr/Prof)	<b>FIRST NAME</b> (name used)		
<b>SURNAME</b>		<b>D.O.B.</b> ..... / ..... / ..... DD MM YYYY	
<b>CURRENT APPOINTMENT &amp; YEAR APPOINTED</b>			
GMC NO. (if applicable)			
<b>HOSPITAL NAME AND ADDRESS</b>			
POST CODE			
<b>MOBILE</b>	<b>EMAIL</b>		
<b>ADDRESS FOR CORRESPONDENCE</b> (if different from the Hospital Address)			
POST CODE			
<b>MAMMARY FOLD/ ABS ASSOCIATE MEMBER APPLICANTS ONLY</b>			
Please state your training Deanery:		Please state your anticipated CCT date:	
<b>PLEASE STATE YOUR SURGICAL SPECIALTY (IF APPLICABLE)</b>			
Breast Surgery/ Plastic Surgery/ Other (Please State):			
<b>SPONSORS</b> (details of two <b>ABS FULL MEMBERS</b> sponsoring application)			
NAME:	NAME:		
HOSPITAL ADDRESS:	HOSPITAL ADDRESS:		
Sponsor's Signature:	Sponsor's Signature:		

CATEGORY OF MEMBERSHIP	(Please tick box)	<input checked="" type="checkbox"/>
<b>FULL MEMBER:</b> Consultants, Professors, Senior Lecturers, Associate Specialists and Staff Grades (with permanent tenure)	<b>£323</b>	<input type="checkbox"/>
<b>INTERSPECIALITY MEMBER:</b> Consultants, Professors, Senior Lecturers, Associate Specialists and Staff Grades (with permanent tenure), Breast Physicians and Breast Clinicians working in specialties other than surgery	<b>£140</b>	<input type="checkbox"/>
<b>ABS MAMMARY FOLD ASSOCIATE MEMBER SENIOR GRADE:</b> Specialty Trainees with NTN from ST4 (any specialty)	<b>£61</b>	<input type="checkbox"/>
<b>ABS MAMMARY FOLD ASSOCIATE MEMBER NON DEANERY:</b> Those with an informal training programme (No NTN) and in posts with limited tenure (6 or 12 months) irrespective of title (Clinical/Breast Fellows, Trust Grade Surgeons/Doctors)	<b>£61</b>	<input type="checkbox"/>
<b>ABS MAMMARY FOLD ASSOCIATE MEMBER JUNIOR GRADE:</b> Medical Students and Junior Trainees up to ST3 level (see NOTE 1) <i>Please state the anticipated date of your ST3 year completion:</i>	<b>NO FEE</b>	<input type="checkbox"/>
<b>AFFILIATE MEMBER WITHOUT EJSO:</b> Clinical Nurse Specialists/Specialist Nurses (Band 7 or 8), Researchers, Allied Health Professionals, Physician Associates	<b>£25</b>	<input type="checkbox"/>
<b>AFFILIATE MEMBER WITH EJSO:</b> Clinical Nurse Specialists/Specialist Nurses (Band 7 or 8), Researchers, Allied Health Professionals, Physician Associates	<b>£93</b>	<input type="checkbox"/>
<b>OVERSEAS MEMBER (STANDARD):</b> Relevant professionals working outside of the UK (see NOTE 2)	<b>£140</b>	<input type="checkbox"/>
<b>OVERSEAS MEMBER (LOW AND MIDDLE INCOME):</b> Relevant professionals working in low and middle income countries (see NOTE 3)	<b>£55</b>	<input type="checkbox"/>
<b>EJSO paper subscription</b> (see NOTE 4)	<b>£49</b>	<input type="checkbox"/>
<b>ESSO affiliate membership</b> (see NOTE 5)	<b>£44</b>	<input type="checkbox"/>
<b>TOTAL MEMBERSHIP FEES</b>	<b>£</b>	

**NOTE 1:** Junior Grade ABS Mammary Fold Associate Members must provide proof of their grade with the application form. A direct debit mandate need not be completed for this category.

**NOTE 2:** Members from the Republic of Ireland can choose to join as an Overseas member or the appropriate other membership category.

**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.

**NOTE 4:** All members (excluding the Mammary Fold Associate Junior Grade Members and Affiliate Members without EJSO) will receive an electronic subscription to the European Journal of Surgical Oncology. If you wish to receive a paper copy of the EJSO in addition to the electronic subscription, you will need to pay an additional fee.

**NOTE 5:** Members can subscribe for affiliate membership of ESSO as part of the ABS membership. This rate is not available direct from ESSO as it is part of the ABS membership benefits.

**NOTE 6:** ABS Mammary Fold Associate Member Senior Grade membership is open to SAS Grade surgeons for 2 years if they are working towards CESR. Proof of training is required with applications. Members joining at this level will automatically be upgraded to Full membership after 2 years.

**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 will 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 subscriptions taken initially but will be included in the annual collection of subscriptions the following January.

DATA PROTECTION		
<b>I agree to receiving membership mailings from the ABS by e-mail:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>I agree to receiving sponsored mailings by e-mail from the ABS on behalf of their corporate partners:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Association of Breast Surgery does not release members' addresses to any organisation or external body. The ABS privacy policy is available at <a href="http://www.associationofbreastsurgery.co.uk">www.associationofbreastsurgery.co.uk</a>		
<b>Please tick here to consent to having your details passed on to ESSO and EJSO's publishers (if applicable):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As affiliate members of the European Society of Surgical Oncology (ESSO), members' addresses are passed on to their administrative office. Members with an EJSO subscription will have their details passed on to the Journal's publishers for journal distribution.		
<b>I consent to my contact e-mail being given to the representative for my region:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 email 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.		
<b>SIGNATURE:</b>	<b>DATE:</b>	
<b>Please return your completed form with a full copy of your CV and Direct Debit mandate to: <a href="mailto:office@absgbi.org.uk">office@absgbi.org.uk</a></b>		



## DIRECT DEBIT MANDATE

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  
38 - 43 Lincoln's Inn Fields  
London WC2A 3PE

Name of Account Holders to be debited (BLOCK LETTERS)


Bank or Building Society account number:

--	--	--	--	--	--	--	--

Branch sort code:


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

To: The Manager	Bank/Building Society
Post code:	

Service User Number:

9	3	0	5	7	3

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

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

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

Company No 7207053, Registered Office 38 – 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.

