

APPLICATION FOR MEMBERSHIP

Please use CAPITALS and as appropriate

TYPE OF MEMBERSHIP Full Member - £370 Trainee - £170 Associate - £170
 Affiliate - £37 Affiliate - £75 [incl. journal] Corresponding - £37 Corresponding £75 [incl. journal]

I ALSO WISH TO BECOME A MEMBER OF:

Facial Plastics Group British Society of Otolaryngology ENT UK Head & Neck

PERSONAL DETAILS Professor Doctor Mr Mrs Ms Miss

Surname _____ Forenames _____

D.O.B. _____ G.M.C. No. _____ Region (please refer to Region classification) _____

Qualifications _____

Current appointment _____

Hospital address _____ Home Address _____

Postcode _____ Postcode _____

☎: _____ Mobile: _____

E-✉: _____ E-✉: _____

Address for correspondence Hospital Home I DO wish my address to be made available to other organisations

Are you available for locum duties? Yes No Are you willing to serve as an expert witness? Yes No

If YES, please indicate your special interests _____

I DECLARE THAT I AM ENGAGED IN THE PRACTICE OF OTORHINOLARYNGOLOGY – HEAD AND NECK SURGERY AND THAT IF I AM ELECTED I AGREE TO BE BOUND BY THE RULES OF THE ASSOCIATION

Signature _____ Date _____

SPONSORS – the name and hospital of TWO sponsoring ENT•UK Full or Associate Members:

Name _____ Name _____

Hospital _____ Hospital _____

Postcode _____ Postcode _____

Signature _____ Signature _____

Received	On C.M.	Elected	Informed	Status change	D.D.	P. I. N.				For Office use only
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PLEASE NOTE Annual subscriptions for members residing in the UK are collected by Direct Debit **ONLY**.

The completed Direct Debit Mandate must be returned with your application.

Your first year's subscription must be paid on application by cheque or credit card.

Please complete the payment section below.

PAYMENT METHOD

CHEQUE made payable to **ENT•UK** drawn on a U.K. bank

OR

CREDIT CARD **MasterCard** **Visa** **Debit Card**

Card number:

Security code [last 3 numbers on reverse of card] Card Expiry Date – month & year

Address
to which
Card bill is sent

Please include
house number &
postcode

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