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# 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 .....

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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 .....

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