



MEMBERSHIP APPLICATION FORM

Please print and return this form to Gail Busby at the address below, please choose your method of membership payment from the options below (if you wish to pay by cheque this should be payable to "The British Society for Paediatric and Adolescent Gynaecology") to:

Dr Gail Busby – Treasurer
Consultant Gynaecologist
St. Mary's Hospital,
Manchester, M13 9WL

Please print clearly	
NAME:	
WORK ADDRESS:	
E-MAIL (<i>this is how we will contact you so please notify me of any changes</i>)	
TELEPHONE NO:	
SPECIALITY OR AREA OF WORK:	
SPECIAL INTEREST AREAS:	

PAYMENT: <i>Delete as appropriate</i>	
Yes/No	I enclose a cheque for £40 (includes £10 admin charge, (payable to the British Society for Paediatric and Adolescent Gynaecology
Yes/No	Please send me a Standing Order mandate for £30 to the address above. (Upon receipt of the Standing order mandate please send the standing order form to your bank and a copy to me at the above address.)
Yes/No	Please post me a receipt of payment to address: