



MEMBERSHIP APPLICATION FORM

Please print and send with completed standing order form or cheque (payable to "The British Society for Paediatric and Adolescent Gynaecology") to:

Dr Cara Williams
Treasurer
Consultant Gynaecologist
Liverpool Women's Hospital
Crown Street
Liverpool
Merseyside L8 7SS

<i>Please print clearly</i>	
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	I have arranged payment of £30 by standing order (please complete standing order form attached) (Please send the standing order form to your bank and a copy to me at the above address.)
Yes/No	Please email me a receipt of payment