



Association of Breast Surgery at BASO

at The ROYAL COLLEGE of SURGEONS of ENGLAND
35-43 LINCOLN'S INN FIELDS LONDON WC2A 3PE
Telephone: 020 7869 6852 Facsimile: 020 7404 6574
www.baso.org.uk E-mail: admin@baso.org.uk

ABS at BASO MEMBERSHIP APPLICATION FORM

PLEASE PRINT IN BLOCK CAPITALS

| | |
|--|---|
| BASO MEMBERSHIP (Please tick box <input checked="" type="checkbox"/>) | Full <input type="checkbox"/> Associate <input type="checkbox"/> Affiliate <input type="checkbox"/> Overseas <input type="checkbox"/> |
| FULL NAME | |
| HOSPITAL ADDRESS <i>(All ABS Correspondence to Full and Affiliate members will be sent to this address so please complete in full)</i> | Post Code: Tel: Fax: |
| HOSPITAL REGION | |
| JOB TITLE | |
| MAIN SPECIALTY INTEREST | |
| SECOND SPECIALTY INTEREST | |
| IS YOUR UNIT PART OF THE NHS BSP? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who is your QA Lead Surgeon? |

FOR COMPLETION BY CONSULTANT SURGEONS ONLY:

Would you be prepared to sit on Appointments Committees for Consultant Breast Surgeon interviews?

Yes No

Do you personally perform breast reconstruction procedures?

Yes No

(Optional) Anticipated number of years to retirement from the NHS?

.....

Please return this form along with your BASO~ACS application to:

BASO ~ The Association for Cancer Surgery at The Royal College of Surgeons of England,
35 - 43 Lincoln's Inn Fields, London WC2A 3PE

If you have any queries about this form please contact **Jackie Spencer** on **020 7405 5612**