

Membership Application Form

PERSONAL INFORMATION (Please complete in BLOCK CAPITALS)

Title _____ Forename _____ Surname _____

Preferred Mailing Address: _____

Telephone (work) _____ Telephone (home) _____

Telephone (mobile) _____

Hospital / Clinic _____

Town: _____ County: _____ Postcode: _____

E-mail: _____

Job Title: _____

Qualifications: _____

Provision of Service includes: _____

Any other information _____

I would be willing to be approached to be involved in:

Lectures Yes No Area of Interest: _____

Submitting Articles Yes No Area of Interest: _____

Legal Opinions Yes No Area of Interest: _____

The Society invites any medical practitioner who holds a post as Consultant in Family Planning and Reproductive Health Care, Community Gynaecology Genitourinary Medicine, Obstetrics and Gynaecology and Public Health with a special interest in sexual and reproductive health, including Consultants who are not Head of a Service and those in non NHS Services. Nurse Consultants and those non Consultants who lead services are also included. Retired members are also welcome.

Please return this form with completed Standing Order Mandate or cheque in the amount of £70 to Shonda Powell, Society of Consultants and Lead Clinicians in Reproductive Health, 1 The Elms, Halcyon Park, Oakhill, Somerset, BA3 5FY