

**NEUROANAESTHESIA & CRITICAL CARE SOCIETY
OF GREAT BRITAIN AND IRELAND
APPLICATION FORM FOR MEMBERSHIP**

Notes: The Proposer and Secunder must be members of the Neuroanaesthesia Society. Membership is open to all anaesthetists in Great Britain & Ireland who are involved with or interested in the care of neurosurgical, neuro-imaging and or neuro-intensive care patients. Associate membership may be sought by anyone who wishes to contribute to the aims of the Society but does not qualify for full membership.

Title and Initials :

Date of birth:

Surname:

Preferred Forename:

Post held: SHO / SpR / Consultant / Non-Career Grade (Circle the appropriate post)

Home Address Hospital & Address:

Home Telephone Hospital Telephone:

Fax:

E-mail:

For Anaesthetists other than trainees: (Circle the appropriate)

Neuro Sessions/week

Theatre

ICU

Imaging

I wish to become a member of the Neuroanaesthesia Society and I agree to the society holding the above information in a computer file on the understanding that it will not be divulged to any third party without my prior written consent.

Signature

Proposer s Name: Signature

Secunder's Name: Signature

Date

Please complete and return this form and also the Direct Debit form to:

Specialist Societies Administrator
Association of Anaesthetists of Great Britain & Ireland
21 Portland Place
London
W1B 1PY