



## British Society for Surgery of the Hand

### APPLICATION FOR ASSOCIATE MEMBERSHIP

<b>Surname</b>	
<b>Forenames (in full):</b>	
<b>Title:</b>	<b>Male/Female:</b>
<b>Nationality:</b>	
<b>Date of Birth:</b>	

<b>Addresses</b>	
<b>Home:</b>	<b>Hospital:</b>
<b>E-mail:</b>	<b>E-mail:</b>
<b>Telephone (incl. STD code):</b>	<b>Telephone (incl. STD code):</b>
<b>Fax No:</b>	<b>Fax No:</b>
<b>Correspondence Address? (circle only one)</b>	<b>Home / Hospital</b>

<b>Qualifications (with dates and awarding bodies):</b>
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<b>Location and Title of current Post:</b>
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**Previous Posts Held** (including name of Hospital):

**Anticipated CCST Date:**

**Experience in Hand Surgery** (including any Publications):

**Signature of Applicant:**

<b>Sponsors</b>	
<b>Proposer:</b>	<b>Signature:</b>
<b>Seconder:</b>	<b>Signature:</b>

**DATA PROTECTION ACT:**

The Society mailing list will be held in accordance with the Data Protection Act 1998. It will be available to all Royal Surgical Colleges, relevant Specialist Associations and any other bodies who may be running appropriate conferences, courses or clinical research projects. This is only for the organisational activity of the B.S.S.H. and will always be in the legitimate interest of the membership. Any request for a mailing list from one of these bodies will be assessed, and only where it is appropriate will any information be divulged. At no time will any data be disclosed for commercial purposes.

I consent to my records being held in this manner to be released in accordance with this statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **RULES OF MEMBERSHIP**

New applicants for Associateship may be elevated to Membership/Overseas Membership after election, if they fulfil the requirements outlined below.

If you are in a consultant post or its equivalent, please confirm that you would like to become a Member/Overseas Member on election. Please ensure that you fulfil the requirements for these categories of membership as outlined below **before** you confirm your preference.

Please indicate below, **depending on which category applies to you**. Your category of membership will be Associateship if you do not specify a preference:

either:

Membership

or:

Overseas Membership

### **Members and Overseas Members**

Members and Overseas Members shall be registered medical practitioners of consultant or equivalent status, and permanently established surgeons, who have given evidence of satisfactory scientific and practical attainments in Hand Surgery, and practitioners in allied disciplines of medicine who are interested in the hand.

### **Associates**

Associates shall be medical practitioners registered in the country in which they practice who are interested in Hand Surgery.

### **ELECTION OF MEMBERS AND ASSOCIATES**

Candidates for Associateship shall be sponsored by two Members of the Society. Their names shall be sent to the Honorary Secretary for consideration by the Council. The names of those deemed suitable shall be submitted to a General Meeting for election. If a poll is demanded, a majority of two-thirds of those Members present shall be required.

**THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE HONORARY  
SECRETARY WITH A COPY OF YOUR CURRICULUM VITAE:**

The Honorary Secretary  
British Society for Surgery of the Hand  
at The Royal College of Surgeons  
35-43 Lincoln's Inn Fields  
London WC2A 3PE

Tel: 020 7831 5162  
Fax: 020 7831 4041

**Applications must be sponsored by two Full Members and be accompanied with a curriculum vitae.**