



British Society for Surgery of the Hand

APPLICATION FOR OVERSEAS MEMBERSHIP

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

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

Qualifications (with dates and awarding bodies):

Location and Title of Current Post:
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Previous Posts Held (including name of Hospital):

Experience in Hand Surgery (including any Publications):

Signature of Applicant:

Sponsors	
Proposer:	Signature:
Secunder:	Signature:

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

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 membership 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 by a curriculum vitae.