



BRITISH SOCIETY OF  
BREAST RADIOLOGY

## Membership Application

Surname:

Forename(s):

Title:

Year of Birth:

Qualifications:

Work address:

Home address:

Preferred address for correspondence:

Work

Home

(circle)

E-mail Address:

***(Please complete your e-mail address, as this is how we will communicate with you)***

Profession:

Radiologist

Breast physician

Grade: Consultant / Senior Lecturer

SpR

Other (specify)

(circle)

Sessions per week wholly or largely devoted to breast work:

Screening:

Symptomatic:

When completed please send this form plus the **completed Direct Debit form** and a **cheque for £30** \* payable to 'British Society of Breast Radiology' to:

BSBR Administration Support  
Cobalt Health  
Linton House Clinic  
Thirlestaine Road  
Cheltenham  
Gloucestershire  
GL53 7AS

\* junior doctors in training posts are exempted the £30 joining/initial membership fee