

MEMBERSHIP APPLICATION FORM



I WISH TO APPLY FOR MEMBERSHIP FOR THE ASSOCIATION OF LAPAROSCOPIC SURGEONS OF
GREAT BRITAIN & IRELAND (ALS) & THE ASSOCIATION OF LAPAROSCOPIC THEATRE STAFF (ALTS)

PLEASE COMPLETE IN BLOCK CAPITALS

NAME (PLEASE PRINT)		
PROPOSED BY (NAME OF CONSULTANT)		
CONSULTANT'S TELEPHONE NUMBER		
MY PREFERRED MAILING ADDRESS		
POSTCODE		
HOSPITAL		
SPECIALTY		
GRADE		
TELEPHONE NUMBER (HOME)		
TELEPHONE NUMBER (WORK)		
MOBILE NUMBER		
EMAIL ADDRESS		
SUBSCRIPTION RATES FOR 2009 (PLEASE TICK PREFERRED BOX)		
FULL MEMBER WITH EAES AND JOURNAL	£195	<input type="checkbox"/>
FULL MEMBER WITHOUT EAES OR JOURNAL	£130	<input type="checkbox"/>
OVERSEAS MEMBER WITH EAES AND JOURNAL	£175	<input type="checkbox"/>
OVERSEAS MEMBER WITHOUT EAES OR JOURNAL	£105	<input type="checkbox"/>
TRAINEE MEMBER WITH EAES AND JOURNAL	£115	<input type="checkbox"/>
TRAINEE MEMBER WITHOUT EAES OR JOURNAL	£80	<input type="checkbox"/>
AUXILIARY MEMBER (ALTS)	£30	<input type="checkbox"/>
SENIOR MEMBER	£30	<input type="checkbox"/>
SIGNATURE	DATE	

CHEQUES SHOULD BE MADE PAYABLE TO 'THE ASSOCIATION OF SURGEONS & SUB SPECIALTIES'. PLEASE NOTE THAT THE ALS CAN OBTAIN A PROPOSER'S SIGNATURE ON YOUR BEHALF. THIS FORM, WHEN COMPLETED, SHOULD BE RETURNED TO:

**The Honorary Secretary of
The Association of Laparoscopic Surgeons
@ The Royal College of Surgeons of England
35/43 Lincoln's Inn Fields, London WC2A 3PE**

ENQUIRIES +44 (0)20 7973 0305

