



ASSOCIATION OF
BREAST SURGERY

Association of Breast Surgery
at The Royal College of Surgeons
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NURSE MEMBERSHIP APPLICATION FORM

(PLEASE PRINT IN BLOCK CAPITALS)

Nurse Membership of the Association of Breast Surgery is offered for free to nurses working in the UK or Ireland in units where a full member of the ABS is based. To join as a nurse member please complete the form below:

TITLE	FIRST NAME(S)	SURNAME

JOB TITLE (Please tick which of the following is closest to the role you work in currently)

- | | |
|--|---|
| <input type="checkbox"/> Breast Care Nurse | <input type="checkbox"/> Consultant Nurse |
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Metastatic Nurse |
| <input type="checkbox"/> Research Nurse | <input type="checkbox"/> Surgical Care Practitioner |
| <input type="checkbox"/> Advanced Nurse Practitioner | |

If your role does not fit any of these descriptions please outline your role here:

ADDRESS for CORRESPONDENCE

POST CODE

HOSPITAL NAME & ADDRESS

POST CODE

PREFERRED EMAIL ADDRESS

PREFERRED PHONE NUMBER

SIGNATURE

DATE

NAME OF PROPOSING SURGEON:
(must be a full member of the ABS and work in the same unit)

Name:

Signed

Date

SECONDED AND APPROVED FOR THE ABS TRUSTEES BY:

Name:

Signed

Date

DATA PROTECTION

The Association of Breast Surgery does not release membership addresses to any organisation or external body. We will routinely send communications to our members of information we feel will be of interest to them. The Association of Breast Surgery may pass nurse members' names and contact e-mails to the nursing representative for their region in order to facilitate communication between the members and the Nursing Committee. The regional rep will not use your details for any other purpose. The ABS privacy policy is available at www.associationofbreastsurgery.org.uk

I wish to receive mailings from the ABS by both post and email:

Yes

No

Please e-mail the completed form to: office@absgbi.org.uk