



# THE ASSOCIATION OF BREAST CLINICIANS

Secretary: Dr Lesley Macdonald - The Springs - Gayton Road - Grimston -Norfolk - PE32 1BG  
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## MEMBERSHIP APPLICATION FORM

Please print in block capitals and complete all details

TITLE:	FIRST NAME:
SURNAME:	
CURRENT POST And YEAR APPOINTED	
BRIEF DESCRIPTION OF POST	
GMC NO.(if applicable)	
QUALIFICATIONS	
ADDRESS FOR CORRESPONDENCE	
POSTCODE	

TELEPHONE NUMBERS

HOME

WORK

MOBILE

EMAIL ADDRESS

SPONSORS A doctor involved in breast disease and a member of the ABC (signature not required for ABC member )

SPONSOR 1  
NAME

SPONSOR 2  
NAME

ADDRESS

ADDRESS

Signed:

SUBSCRIPTION FEES

Once your application has been accepted you will receive a standing order form to complete and return to your bank.

MEMBERSHIP FEES

FULL	Medically qualified working in breast disease management	£50	<input type="checkbox"/>
ASSOCIATE	Nursing and radiographer advanced practitioners	£25	<input type="checkbox"/>

Please submit a copy of your current CV and a passport size photograph with the application form and return to the above address

Signature:

Date: