

BRITISH SOCIETY FOR PAEDIATRIC DERMATOLOGY

MEMBERSHIP APPLICATION FORM

REGISTERED CHARITY NO: 1011605

PROFESSIONAL SURNAME: _____ **FORENAMES:** _____

DEGREES: _____

PRESENT APPOINTMENT: _____

HOSPITAL/PRACTICE ADDRESS: _____

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I wish any mail to be sent to my Home/Hospital/Practice address (please delete)

SIGNED: _____ **DATE:** _____

The Society is open to all Consultant Dermatologists and Consultant Paediatricians.
Other applications require two endorsement signatures from Members of the Society.

PROPOSED by (signature): _____ **PRINT name:** _____ **DATE:** _____

SECONDED by (signature): _____ **PRINT name:** _____ **DATE:** _____

Please send completed form to:
Dr Mary Glover,
Consultant Paediatric Dermatologist,
Great Ormond Street Hospital for Sick Children
Great Ormond Street,
London WC1N3JH

FOR OFFICE USE:

Acknowl. Email Address BAD BSPD RCPCH
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base