

**MEMBERSHIP APPLICATION FORM 2010**



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

<b>NAME (PLEASE PRINT)</b>		
<b>PROPOSED BY (NAME OF CONSULTANT)</b>		
<b>CONSULTANT'S TELEPHONE NUMBER</b>		
<b>MY PREFERRED MAILING ADDRESS</b>		
<b>POSTCODE</b>		
<b>HOSPITAL</b>		
<b>SPECIALTY</b>		
<b>GRADE</b>		
<b>TELEPHONE NUMBER (HOME)</b>		
<b>TELEPHONE NUMBER (WORK)</b>		
<b>MOBILE NUMBER</b>		
<b>EMAIL ADDRESS</b>		
<b>SUBSCRIPTION RATES FOR 2010 (PLEASE TICK PREFERRED BOX)</b>		
FULL MEMBER WITH EAES AND JOURNAL	<b>£215</b>	<input type="checkbox"/>
FULL MEMBER WITHOUT EAES OR JOURNAL	<b>£145</b>	<input type="checkbox"/>
OVERSEAS MEMBER WITH EAES AND JOURNAL	<b>£190</b>	<input type="checkbox"/>
OVERSEAS MEMBER WITHOUT EAES OR JOURNAL	<b>£115</b>	<input type="checkbox"/>
TRAINEE MEMBER WITH EAES AND JOURNAL	<b>£125</b>	<input type="checkbox"/>
TRAINEE MEMBER WITHOUT EAES OR JOURNAL	<b>£88</b>	<input type="checkbox"/>
AUXILIARY MEMBER (ALTS)	<b>£33</b>	<input type="checkbox"/>
SENIOR MEMBER	<b>£33</b>	<input type="checkbox"/>
<b>SIGNATURE</b>	<b>DATE</b>	

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