

OAA MEMBERSHIP APPLICATION FORM 2010

PLEASE COMPLETE IN CAPITAL LETTERS

I apply to join the *Obstetric Anaesthetists' Association* as a (please tick):

- Consultant/Staff and Associate Specialist (SAS) or overseas equivalent **£110**
 Trainee or overseas equivalent * (see below) **£90**
 Associate member (not medically qualified) **£70**

Surname/family name: _____ Title: Prof/Dr _____

Initials _____ First/given name: _____

Speciality and grade: _____ (UK only) GMC No: _____

* Trainees: please state year in which training is due to be completed: _____

Address: _____

Postcode _____ Country _____

Hospital (if different) _____

Hospital Dept Tel no _____ Home tel no _____

Mobile _____

Email: _____

PAYMENT *Please complete one of the three sections*

I wish to pay by Direct Debit from a UK Bank/Building Society Account and enclose the Direct Debit instruction. Please return the original instruction to the Secretariat as banks will not accept a faxed or photo-copy.

or (for those without a UK bank account)

Please charge my credit card with the current year's membership fee

VISA MASTERCARD DINERS AMEX MAESTRO

Cardholder's Name (as it appears on the card) _____

Card number

Maestro only

Date valid from

/

Expiry date

/

Card Security Code

Maestro Issue No.

(last 3 digits (4 for AMEX) of number printed on signature strip)

Cardholder's signature _____

or (for those unable to pay by direct debit or credit card)

I enclose a cheque made payable to "OAA" for the membership fee

PLEASE RETURN COMPLETED FORM TO: OAA SECRETARIAT, PO BOX 3219 BARNES, LONDON SW13 9XR, UK