



# The Society of Anaesthetists of The South Western Region

## Membership Application

I wish to apply for Membership of the Society. If elected I agree to abide by the Constitution of the Society and to pay my annual subscription on the 1st October each year.

<b>Name</b>	
<b>Home Address</b>	
<b>Post code</b>	
<b>Telephone No</b>	
<b>E-mail</b>	
<b>Grade</b>	
<b>Hospital</b>	
<b>Qualifications</b>	

**Applicant's Signature**

.....  
**Date**

.....

**Please Return To**  
Hon. Secretary, SASWR  
Department of Anaesthesia  
Bristol Royal Infirmary  
Bristol BS2 8HW

*January 2011*