

THE SOCIETY OF ANAESTHETISTS OF THE SOUTH WESTERN REGION



APPLICATION FOR MEMBERSHIP

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.

Name: _____

Home Address: _____

Post code: _____

Telephone No: _____

E-mail: _____

PRESENT ANAESTHETIC APPOINTMENT

(Hospital)

QUALIFICATIONS _____

Proposed by: _____ *(Signature)* _____ *(Print)*

Seconded by: _____ *(Signature)* _____ *(Print)*

Applicant's Signature: _____

Date: _____

PLEASE RETURN TO: **Hon. Secretary, SASWR**
University Department of Anaesthesia
Bristol Royal Infirmary
Bristol BS2 8HW

January 2005