



# BRITISH HIP SOCIETY



Affiliated to the BOA

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| APPLICATION FOR ORDINARY MEMBERSHIP OF BHS                                       |                          |         |                          |                                 |                          |             |                          |
|--|--------------------------|---------|--------------------------|---------------------------------|--------------------------|-------------|--------------------------|
| Surname:   |                          |         |                          |                                 |                          |             |                          |
| First Names:   |                          |         |                          |                                 |                          |             |                          |
| Spouse/Partners Name:  |                          |         |                          |                                 |                          |             |                          |
| Correspondence Address:  |                          |         |                          |                                 |                          |             |                          |
| Post Code:   |                          |         |                          |                                 |                          |             |                          |
| Telephone:   | Home:                    |         | Fax:                     | Home:                           |                          |             |                          |
|  | Work:                    |         |                          | Work:                           |                          |             |                          |
|  | Rooms:                   |         |                          | Rooms:                          |                          |             |                          |
| Signature:   |                          |         |                          | E Mail:                         |                          |             |                          |
| Proposer:<br>(Name & Signature)  |                          |         |                          | Seconder:<br>(Name & Signature) |                          |             |                          |
| <b><i>The Proposer &amp; Seconder Must be Members of the BHS.</i></b>            |                          |         |                          |                                 |                          |             |                          |
| Job Title:<br>(Date appointed)   |                          |         |                          | Profession:                     |                          |             |                          |
| Affiliation:<br>(Hospital, University etc.)                                      |                          |         |                          |                                 |                          |             |                          |
| Degrees:<br><br>(inc. Institution, Date, Degree, Date SR/SpR Training Commenced) |                          |         |                          |                                 |                          |             |                          |
| Research Interest:   |                          |         |                          |                                 |                          |             |                          |
| Papers given at BHS:   |                          |         |                          |                                 |                          |             |                          |
| Publications relating to the hip: (max 3)<br>(inc. chapters in books etc)        |                          |         |                          |                                 |                          |             |                          |
| <b><i>Please indicate whether or not you are a member of the BOA.</i></b>        |                          |         |                          |                                 |                          |             |                          |
| Member:  | <input type="checkbox"/> | Fellow: | <input type="checkbox"/> | Associate:                      | <input type="checkbox"/> | Non-member: | <input type="checkbox"/> |