

BRITISH ASSOCIATION OF PAEDIATRIC ENDOSCOPIC SURGEONS

APPLICATION FOR MEMBERSHIP

Please write clearly in BLOCK CAPITALS

Name:

Position/Grade:

Institution:

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Address for correspondence:.....

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Telephone number: Fax number:.....

e-mail:

Home address (optional):

.....

Preferred communication to: Work / Home (delete as applicable)

**PLEASE RETURN THE COMPLETED FORM TO THE ADDRESS BELOW, SIGNED AND DATED,
WITH A CHEQUE FOR £20.00 AS THE ANNUAL SUBSCRIPTION.**

CHEQUES SHOULD BE MADE PAYABLE TO BAPES

Signed:

Date:

Mr Henrik Steinbrecher
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