



PROPOSAL FOR ASSOCIATE MEMBERSHIP

The criteria for being an Associate Member of the BSPGHAN are that you must be a healthcare professional working within Gastroenterology, Hepatology or Nutrition. You must be registered and currently working in clinical practice or research.

Applicants should send:

- (i) this form
- (ii) a copy of a curriculum vitae

First Name **Surname** **Previous Surname(s)**

State/Professional Registration Number

Designation or Job Title

Main Clinical Interests up to 3 may be listed. These will be printed in the Members Directory.
Please indicate by ticking the box if you are happy to be contacted by other members

- 1.....
2.....
3.....

Work Address

Contact Details

Telephone Number
Pager / Bleep
Fax Number
E-mail Address

Please return to:

Email jenny.gordon@rcn.org.uk

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