

BOSPA Membership Application 2005

Please note that the information you provide on this application will remain confidential to BOSPA and will only be used for research purposes in devising activities to be of most benefit to our members.

Full name:

Mailing address:

Contact telephone number:

Email address:

Please indicate which category of membership you are seeking:

	Personal – if you have had, or are considering obesity surgery, or are a friend or relative of a patient – please also complete Section 1.
	Professional – if you are a health professional involved in the care of obesity surgery patients – please also complete Section 2.
	Independent – if you are commercially involved or interested in obesity surgery – please also complete Section 3.

1. Personal Members

If you have already had obesity surgery please tell us:

What operation did you have?

Which hospital was it done at?

Who was your surgeon?

Are you an NHS or private patient?

If you are currently contemplating surgery or on a waiting list please tell us:

What operation you are planning to have?

Which hospital will you go to?

Who is your surgeon?

Are you an NHS or private patient?

2. Professional Members

What is your key role with obesity surgery patients?

Is there anything that BOSPA can do to help you fulfil this role?

3. Independent Members

What is your profession?

What is your key area of interest with obesity surgery patients?

Please send this application form together with a cheque or bankers order to:

BOSPA Membership Department
PO Box 704
Waterrow
Somerset
TA4 2ZQ

Membership rates from January 2005:

Personal Membership - £10.00 per year

Professional Membership - £20.00 per year

Independent Membership - £20.00 per year

If you wish to pay by bank transfer, please send this completed form by email to enquiries@bospa.org or fax it to us on 01398 361 307 and we will provide our bank details.

Membership is valid for one year from the date your application is processed.