



British Society for Gynaecological Endoscopy  
www.bsge.org.uk

## **MEMBERSHIP APPLICATION FORM**

In order to join the Society, please complete this form and the Direct Debit Form and send to BSGE Secretariat. Please write your email address clearly as your membership will be confirmed via this method. If your bank details change, please download and complete a new direct debit form and send it to BSGE Secretariat.

**BSGE Annual Fee** (Please tick): **For Consultants/SAS Doctors/ GP** £150   
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**Title:** ..... **Forename/s:** ..... **Surname:** .....

**Grade:** (delete as applicable) Consultant/GP/ Specialist Registrar/ Registrar/ SHO/ Nurse Practitioner/ Nurse

**Qualifications:** ..... **GMC no:** .....

**Correspondence address:** .....

.....

..... **Post code:** .....

**Base Hospital:** ..... **Mobile no:** .....

**Tel no (Home):** ..... **Tel no (Work):** .....

**Email:** .....

**Signature:** ..... **Date:** .....

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You may, if you prefer pay your subscription on-line, making the first payment date two weeks from the date of your application. Please use your surname (as given above) as payment reference. For BSGE Account details, please email Lesley Hill at: bsgeharmony@cytanet.com.cy

Please note that if your payment is not made on the due date each year (by direct debit or on line), your membership will automatically lapse. Please contact Lesley Hill for accounts queries at any time by email at: bsgeharmony@cytanet.com.cy