

**President:** Professor J Andrew Bradley  
**Honorary Secretary:** Mr Frank Smith

**Secretariat & Membership:**

Mrs Sarah King  
Society of Academic and Research Surgery  
The Royal College of Surgeons of England  
35-43 Lincoln's Inn Fields  
London WC2A 3PE

Tel: 020 7869 6640  
Fax: 020 7869 6644  
Email: [sking@rcseng.ac.uk](mailto:sking@rcseng.ac.uk)  
Website: [www.surgicalresearch.org.uk](http://www.surgicalresearch.org.uk)

Reference: MEMBERSHIP APP

**Re: Membership of the Society of Academic and Research Surgery**

Thank you for your interest in becoming a member of the Society of Academic and Research Surgery. In order to be eligible for membership, you should have an ongoing interest in surgical research.

Please find below an application form which should be completed and returned to the address above.

Membership rates are as follows:

**Annual Membership Rates:**

|  |        |
|--|--------|
| Ordinary (Consultant, Scientist or equivalent) | £70.00 |
| Trainee i) BSTs &HSTs Yrs 1 & 2                | £35.00 |
| ii) Scientist in graduate research (MSc & PhD) | £35.00 |
| Medical Student                                | £10.00 |

**Optional reduced annual BJS Subscription Rate (to be added to the above membership fee)**

|                    |        |
|--------------------|--------|
| Ordinary           | £74.00 |
| Trainee & Honorary | £37.00 |

Please complete and return the following forms and enclose either the completed direct debit mandate or a cheque, made payable to the Society of Academic & Research Surgery.

Yours sincerely

**Mrs Sarah King**  
**Coordinator**  
**Society of Academic and Research Surgery**

# SOCIETY of ACADEMIC & RESEARCH SURGERY

## PROPOSAL FOR MEMBERSHIP

**MUST BE COMPLETED IN BLOCK CAPITALS OR TYPED**

**Surname:**  **Forename(s):**

**Title:**  **Date of Birth:**

**Home Address**   
 **Post Code**   
**Tel No:**

**Hospital/University Address:**   
 **Post Code:**   
**Tel No (inc dept ext):**

**e-mail Address:**

**Qualifications:**

**Present Position:**

**Specialty:**

**Member of the Association of Surgeons?**  YES / NO

**Category of Membership:**  Ordinary / Trainee / Medical Student

**Do you wish to receive the British Journal of Surgery at a reduced rate?**  YES / NO

*In order to verify your application for membership we ask for one current SARS member's signature (Ordinary). If you do not know any, please ask your supervisor or your Head of Department to write a letter of support of your application.*

**\*Proposer:**   
 (BLOCK CAPITALS)  
 (SIGNATURE)

**\*Must be Ordinary Members.** **Date:**

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| <b>Research Activities</b> |  |
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| <b>Research Interests<br/>(Keywords)</b> |  |
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| <b>Other Relevant<br/>Information</b> |  |
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