

# British Society for Antimicrobial Chemotherapy

## APPLICATION FOR MEMBERSHIP

Please complete all sections in BLOCK CAPITALS. Incomplete applications will not be considered.

### PERSONAL DETAILS

Title
Surname
First Name(s)
Qualifications
Date of Birth
Home Address
Postcode:
Telephone
Fax
Email

### PROFESSIONAL DETAILS

Job Title / Position
Hospital /Company Name
Address
Postcode:
Telephone
Fax
Email
Summary of professional responsibilities

### SPECIALIST INTERESTS (please tick all that apply)

Infection control	<input type="checkbox"/>	Virology	<input type="checkbox"/>	Mycology	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Prescribing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Research	<input type="checkbox"/>	Health improvement	<input type="checkbox"/>
Other (please state)	<input type="text"/>						

### PREFERRED MAILING ADDRESS

Home  Work

