



## Application for Membership of the British Oncological Association

Please complete both sides of this page and send to the British Oncological Association Secretariat with your membership subscription.

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Title \_\_\_\_\_ Qualifications \_\_\_\_\_  
(Professor/Dr/Mr/Ms etc.)

Professional Position \_\_\_\_\_

Professional Address \_\_\_\_\_  
(Including Department, Hospital/Institute and Postal Address)

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Major Interests in Oncology/Research:

Home Address

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

All details provided will be recorded on the British Oncological Association database and may be used in the British Oncological Association Handbook, which will be distributed to members of the Association. The database will be used for British Oncological Association business only and will not be disclosed to any third party. Please indicate overleaf whether or not you wish to be included in the British Oncological Association Handbook.

## PROFESSIONAL STATUS

Please tick

- |                                 |                          |                        |                          |                       |                          |
|---------------------------------|--------------------------|------------------------|--------------------------|-----------------------|--------------------------|
| Clinical (Radiation) Oncologist | <input type="checkbox"/> | Medical Oncologist     | <input type="checkbox"/> | Paediatric Oncologist | <input type="checkbox"/> |
| Surgical Oncologist             | <input type="checkbox"/> | Clinical Haematologist | <input type="checkbox"/> | Pathologist           | <input type="checkbox"/> |
| Scientist                       | <input type="checkbox"/> | Oncology Nurse         | <input type="checkbox"/> | Therapy Radiographer  | <input type="checkbox"/> |
| Pharmacist                      | <input type="checkbox"/> | Medical Physicist      | <input type="checkbox"/> | Data Manager          | <input type="checkbox"/> |
| Company Executive               | <input type="checkbox"/> | Other (Please Specify) |                          |                       |                          |
- 

## MEMBERSHIP CATEGORY

Please tick

- |                         |                              |                                 |                              |
|-------------------------|------------------------------|---------------------------------|------------------------------|
| Ordinary Member         | £50 <input type="checkbox"/> | Junior Member                   | £20 <input type="checkbox"/> |
| Senior (Retired) Member | £20 <input type="checkbox"/> | Corresponding (Overseas) Member | £30 <input type="checkbox"/> |
| Associate Member        | £20 <input type="checkbox"/> | Company Member                  | £50 <input type="checkbox"/> |

## PAYMENT

Payment should be made in pound sterling (net of charges), by cheque or a bank draft drawn on a UK bank or by postal order. All payments made payable to the 'BRITISH ONCOLOGICAL ASSOCIATION'.

### Direct Debit

Direct Debit payments will be collected annually on or immediately after 01 May. Applicants should complete a Direct Debit mandate and return to the Secretariat with their application. Please also include Cheque, Bankers Draft or Postal Order payment in respect of the current years membership with your application.

All details provided will be contained on the British Oncological Association database and may be used in the British Oncological Association Handbook, which will be distributed to members of the Association. The database will be used for British Oncological Association business only and will not be disclosed to any third party. Please indicate whether or not you wish to be included in the British Oncological Association Handbook by ticking a box below. IF NO BOX IS TICKED IT WILL BE ASSUMED THAT YOU HAVE NO OBJECTIONS TO THE BRITISH ONCOLOGICAL ASSOCIATION PUBLISHING YOUR DETAILS.

I would like to be included in the British Oncological Association Handbook and give permission to publish my professional details including/excluding <sup>please delete</sup> my email address.

I do not wish to be included in the British Oncological Association Handbook and therefore do not give permission for my professional details to be published.

Signature

Date

---

Please return completed applications & membership subscriptions to:  
The British Oncological Association, The Royal Marsden Hospital, Downs Road, Sutton, Surrey, SM2 5PT

Tel. 020 8661 3063

Fax. 020 8661 3470

Email. Romaine.McMahon@rmh.nhs.uk