

British Fertility Society

(Affiliated with the International Federation of Fertility Societies)

Application for Membership



Application Form

Please complete in BLOCK CAPITALS

Title: Mr/Mrs/Miss/Dr/Professor/Other *(please state)*

Forename(s):

Surname:

Age: Under 25 26-35 36-45 46-55 55+

Principal Employer: NHS Trust Hospital University ART Clinic Other
 Self Employed Not in Paid Employment

Name of Hospital/University:

HFEA Clinic Number:

Job Title:

Work Address:

Postcode:

Telephone:

Ext:

Fax No:

Email address:

Location of Place of Work:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> East England | <input type="checkbox"/> South West England | <input type="checkbox"/> Wales |
| <input type="checkbox"/> North East England | <input type="checkbox"/> Midlands England | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> South East England | <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> Non-UK |
| <input type="checkbox"/> North West England | <input type="checkbox"/> Ireland | |

Correspondence Address: *(if different to above)*

Postcode:

Other Societies:

Please indicate if you are a member of any of the following:

- | | |
|-------------------------------|---|
| <input type="checkbox"/> ACE | <input type="checkbox"/> BAS |
| <input type="checkbox"/> BICA | <input type="checkbox"/> RCN (Fertility Nurses) |
| <input type="checkbox"/> SRF | <input type="checkbox"/> Other (please specify) |

Occupation: *(please indicate one category only)*

- Senior Clinician** *NHS (Consultant or Staff Grade or equivalent)*
- Senior Clinician** *Academic (SL or Professor)*
- Junior Clinician** *NHS (SHO, SpR, Registrar, Clinical Asst. etc)*
- Academic** *Lecturer, Research Fellow, MD Student etc*
- Senior Scientist** *Permanent position (eg Lecturer, Professor, Senior Clinical Officer)*
- Clinical Scientist** *(Embryology/Andrology)*
- Junior Scientist** *Training grades (eg PhD, MD, MMedSci Student, Research Assistant, Technician, MLSO)*
- Senior Nurse** *Anyone employed as Sister or above*
- Junior Nurse** *Staff Nurse and below*
- Counsellor** *All individuals with this as main activity*
- Commercial** *Representatives from equipment and pharmaceutical industries*
- Senior Embryologist**
- Manager** *Anyone working wholly in a managerial role within a centre*
- Paramedical** *Healthcare Professionals who do not belong to any of the other categories listed and performing a function within a treatment centre*
- Retired** *Anyone no longer formally employed*
- Person Responsible**
please tick in addition to one of the above

Membership category and fees *(please tick)*

The renewal date for annual subscriptions is 1 March

- | | | | |
|-------------------------------------|------|--------------------------------------|-----|
| <input type="checkbox"/> Associate | £135 | <input type="checkbox"/> Paramedical | £65 |
| <input type="checkbox"/> Clinician | £135 | <input type="checkbox"/> Retired | £65 |
| <input type="checkbox"/> Counsellor | £65 | <input type="checkbox"/> Scientist | £65 |
| <input type="checkbox"/> Manager | £65 | <input type="checkbox"/> Student* | £60 |
| <input type="checkbox"/> Nurse | £65 | | |

*Supporting letter from department head should be attached

Payment options

- I enclose a cheque *(please make your cheque payable to 'The British Fertility Society')*
- Credit card Visa MasterCard Switch
- Card No _____
- Expiry date _____
- Last three digits security no. _____
(Can be found on the back of card)
- Start date* _____ Issue no* _____
- Signature _____
- Date _____
- *Switch card only*
- Please send me a Direct Debit Mandate form for future payments

Main/Current interest:

(please indicate one category only)

- | | |
|--|---|
| <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Nursing (regular direct patient contact) |
| <input type="checkbox"/> Gynaecology | <input type="checkbox"/> Management (co-ordination, administration, statistics, no regular patient contact) |
| <input type="checkbox"/> Reproductive Medicine (ART) | <input type="checkbox"/> Director of ART facility (person responsible, many of above functions) |
| <input type="checkbox"/> Andrology | <input type="checkbox"/> Research (formal, registered for a research degree and/or main occupation) |
| <input type="checkbox"/> Urology | <input type="checkbox"/> Other <i>(please specify)</i> _____ |
| <input type="checkbox"/> Endocrinology | |
| <input type="checkbox"/> Embryology | |
| <input type="checkbox"/> Biology/Molecular Biology etc | |
| <input type="checkbox"/> Counselling/Social science | |

Please tick the 'yes' or 'no' answer boxes as appropriate:

Do you object to the BFS publishing the following details about you in a membership directory for circulation to other members only:

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Your name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Your correspondence address? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Your daytime telephone number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Your membership category? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you object to the BFS disclosing your name and correspondence address only to any of the following organisations:

- | | | |
|---|------------------------------|-----------------------------|
| Pharmaceutical companies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical and scientific equipment manufacturers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| International Federation of Fertility Societies (IFFS)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Publishers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical and scientific conference organisers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please complete, providing all the information requested and forward with your preferred method of payment to:

The British Fertility Society

Euro House, 22 Apex Court, Woodlands

Bradley Stoke, Bristol BS32 4JT, UK

Tel: +44 (0)1454 642217

Fax: +44 (0)1454 642222

Email: bfs@bioscientifica.com

Web: www.fertility.org.uk

Please allow 10 working days for us to process your application.

Please note that refunds will not be given to cancelled memberships.



British Fertility Society

The British Fertility Society is a limited Company, Number 3082031
Registered Address: Pinent Curtis, 1 Park Row, Leeds LS1 5AB
Registered Charity: 3761793