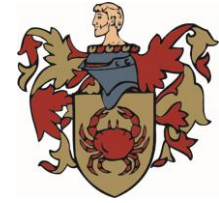


# BRITISH ASSOCIATION OF HEAD AND NECK ONCOLOGISTS



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## APPLICATION FOR MEMBERSHIP

Full name (with title) .....

Category of membership required:

Full Member

Associate (Trainee) Member

Overseas Member

Affiliate Member. *Relevant organisation*.....

Specialty: .....

Present Appointment: .....

Preferred correspondence address: .....

.....

.....

Telephone: ..... Mobile: .....

Email.....

Signed.....Date.....

Applicants for Full or Associate membership please fill in the names of a proposer and seconder, who must be current Full Members of BAHNO:

Proposed by.....

Seconded by .....

*Do you consent to BAHNO sending information or requests for surveys via email or post? Yes / No*

*Membership of BAHNO automatically gives you membership of EHNS and a reduction of registration fees for their meetings. Your name and email will be held by EHNS.*