

HAS Membership Application Form

Please print this form out, complete it in CAPITAL LETTERS, and post it to:

Dr K MacLeod,
36 Green End,
Great Stukeley,
Huntingdon,
Cambs.
PE28 4AE

Title:.....

First Name(s):.....

Surname:.....

Honours and Qualifications:.....

Address:.....

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Post Code / ZIP:.....

Telephone:.....

Fax:.....

E-mail:.....

Profession:.....

Present or Last Appointment:.....

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Particular interests in the History of Anaesthesia:.....

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Signature:

Date:.....