

HAS Membership Application Form

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

Dr A Kuipers ,
The Old School,
Nesscliffe,
Shrewsbury
SY4 1DB

Title:.....

First Name(s):.....

Surname:.....

Honours and Qualifications:.....

Address:.....
.....
.....

Post Code / ZIP:.....

Telephone:.....

Fax:.....

E-mail:.....

Profession:.....

Present or Last Appointment:.....
.....
.....

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

Signature:

Date:.....