

HAS Membership Application Form

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

Dr R Palmer, 67 Links Lane, Rowlands Castle,
Hants, PO96AF. robertpalmer@doctors.org.uk

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:.....