BRITISH ORTHOPAEDIC SPORTS TRAUMA ASSOCIATION

President: Steven R Bollen Honorary Secretary: Simon Roberts Honorary Treasurer: Amanda Rees Academic Secretary: Rhidian Thomas

MEMBERSHIP APPLICATION

Name:			
Qualifications:			
Consultant Appoin	tment:		
Current post (Asso	ciate Membership):		
Address:			
Home Telephone I	No:		
Preferred Email:			
Fax:			
Sports Trauma Pu	blications:		
Special Interest:			
	rauma practice (eg. a associations etc.):		
Two Referees (wh	o must be members		
1. Name		Signed	 . Date
2 Name		Signed	Date

Please return this form to:

Mr Simon Roberts, British Orthopaedic Sports Trauma Association
c/o British Orthopaedic Association,
35-43 Lincoln's Inn Fields, London WC2A 3PN.
Tel: 020 7406 1763. Fax: 020 7831 2676