



**RCR Breast Group
Associate Membership Application**

Surname:

Forename(s):

Title:

Year of Birth:

Qualifications:

Work address:

Home address:

Preferred address for correspondence: Work Home *(circle)*

E-mail Address:

Please complete your e-mail address, as otherwise we cannot easily keep in touch with you

Grade: Consultant Associate Specialist Clinical Assistant *(circle)*

When completed please send this form, **plus the completed Direct Debit form**, with a cheque for £15 (payable to 'RCR Breast Group') to:

Dr Anthony Maxwell
Consultant Radiologist
Royal Bolton Hospital
Minerva Road
BOLTON
BL4 0JR