

# British Paediatric Respiratory Society

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## Membership Application Form

Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other) :..... First Name:.....

Surname: ..... Job Title: .....

Work Address: .....  
.....

Post code: ..... Tel no:.....

Home Address:.....  
.....

Post code: ..... Tel no: .....

Category of membership applied for:- (please tick box)

Full

Doctor in training/non Consultant

Associate

Other (Please specify)

Email address: .....

Please note that the preferred method of correspondence is via email.

If you do not wish to receive correspondence via email please specify preferred postal address ie \*home address or work address ( \* please delete as appropriate)

From time to time we receive requests from third parties for contact information of BPRS members to promote conferences, meetings etc. Please indicate if you are happy for this information to be released at the discretion of the Convenor by ticking the appropriate box.

Yes  No

Many thanks for completing this application, please return with completed standing order mandate to the above address by mail or email