



EDINBURGH AND EAST OF SCOTLAND SOCIETY OF ANAESTHETISTS

PRESIDENT: *Dr. Susan Midgley*

HON. SECRETARY: *Dr. Jan Koch*

FULL MEMBERSHIP (consultants) is currently at £25 and **ASSOCIATE MEMBERSHIP** (all others) at £15 per year

I _____ wish to become a FULL / ASSOCIATE* member of the Edinburgh and East of Scotland Society of Anaesthetists. I understand that my name and address will be stored in the Society's mailing list on a computer and that this information will be used for circulating articles and information only. (Data Protection Act 1986).

GRADE: Consultant / SAS / Trainee / ODP

HOME ADDRESS:

HOSPITAL ADDRESS:

_____	_____
_____	_____
_____	_____
_____	_____

e-mail: _____

SIGNATURE: _____ DATE: _____

PROPOSED BY: _____

SECONDED BY: _____

Please complete in capital letters and send together with a Direct Debit Mandate to the Honorary Secretary:

Dr Jan Koch (EESSA HonSec)
c/o Department of Anaesthesia
Royal Infirmary
51 Little France Crescent
EDINBURGH
EH16 4SA

* delete as appropriate