



**RCR Breast Group  
Ordinary 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 / Senior Lecturer            SpR            Other (specify)            *(circle)*

Sessions per week wholly or largely devoted to breast work:

Screening:

Symptomatic:

When completed please send this form, **plus the completed Direct Debit form**, with a cheque for £25 (payable to 'RCR Breast Group') to:

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