

Anatomical Society Business Office c/o Portland Press Limited Commerce Way Colchester CO2 8HP United Kingdom Tel: +44 (0)1206 796 351 Fax: +44 (0)1206 799 331 Email: anatsoc@portland-services.com www.anatsoc.org

## Membership Application Form

Please complete this form and return it to the Anatomical Society's Business Office at the above address. All fields are compulsory except for County/State where it is not applicable.

	Title	Prof □	Dr □	Mr □	Mrs □	Ms □	Miss □	(please tick)			
	Surna	me			Forer	name					
	Organ	isation									
	Positi	on									
Coı	rrespon	dence Add	Iress		Organi	sation Add	dress (if diff	erent)			
Organisation (if applicable)				Organi	Organisation (if applicable)						
Position (if applicable)					Positio	Position (if applicable)					
Address						Address					
		Zip									
Co	unty/St	ate			County	County/State					
Coi	ntact Te	elephone			Contac	Contact Telephone					
Em	ail Add	ress			Email A	Address					
Rea	ason fo	r joining									
					details to be nails from the		the online m	nembership directory			
Ple	ase list	all Univer	sity Quali	fications							
Uni	versity N	lame	C	Country		Award (i.e.	BSc., PhD)	Year of Award			
Ple	ase list	public hor	nours								
Awa	ard							Year of Award			
For	Equal	Opportuni	ties Monit	toring							

Gender Male/Female (delete as applicable)

Your Date of Birth (dd/mm/yy) .../.../.....

Membe	ersl	nip Category Applying For						
	Ca	tegory	Sterling	Category		Sterling		
	☐ Full Member		£55		Senior Member	£10		
	☐ Undergraduate Member		£10		Career Break Member	FREE		
	☐ Postgraduate Member		£20	☐ Fellow of the Society		FREE		
		Early Career Member	£35		Society Research Student	FREE		
PROPO Proposei proposei	Octor Persof n Dep As a Tho AF AF E ar an	can join at any time of the year and at ober to 30 <sup>th</sup> September. Sons registered for a degree (i.e. undernembership must ensure that the stude partment to confirm their status.  a Fellow of the Society or Society Resease applying for Undergraduate, Postgram PPLYING FOR FULL MEMBER AND SUPPORTING MEM  and Supporting Member detailed from a supporting member in clication cannot be considered	graduate or postgraduate or postgraduate or postgraduate or Society Reservation of the Property of the Propert	iate n bei scrip arch AR BO	member category) who wish to apply fow is completed by their Supervisor or oftion to Journal of Anatomy is free. Student Membership MUST enclose are EER MEMBER MUST COMFX.  Ill be used to request a reference ion to proceed).	or this category Head of The up to date CV.  PLETE THE		
	*Proposer (an active member of the Society):							
	Na	me		Position				
	Email Address Memb			ember Number (if known)				
	*Supporting Member (an active member of the Society):							
	Name			Position				
	Email Address Member Number (if known)			ember Number (if known)				
If you are apply for Full membership, please tick as appropriate below: Academic [ ] Clinical Academic [ ] Clinician [ ]								
RESEA	RCI	PPLYING FOR UNDERGRAD H STUDENT MEMBERSHIP TION BELOW AND MUST E	MUST COMPLI	ETE	THE STUDENT MEMBER	R SOCIETY		
If you are the decla	e ap Iratio	mber Declaration applies to both u plying for membership at the redu on below to confirm your eligibility lication cannot be considered	ced subscription rat (on paper application	e yo ons	our Head of Department/Superviso only).			
I confirm that the person named overleaf is a non-salaried student and as such is eligible for membership of the Anatomical Society at the reduced rate.								
	*N	ame of HOD/Supervisor (plea	ase print)					

If you are apply for Postgraduate membership, please tick as appropriate below: Masters [ ] Doctorate [ ] Other [ ]

\*Signature of HOD/Supervisor (paper applications only) ......

\*Email Address of HOD/Supervisor.....

## Interests – please select from the following:

	I	1			
	Teaching Interest	Research Interest		Teaching Interest	Research Interest
Biological/Physical Anthropology			Immunology		
Biomechanics			Medical Education		
Cell Biology			Neuroscience		
Chemical Morphology			Osteoarchaeology		
Clinical Anatomy			Palaeoanthropology		
Comparative Anatomy			Palaeontology		
Dental Anatomy			Pathological Anatomy		
Developmental Biology			Physiology/Biology		
Educational Research			Sports Science		
Embryology			Stem Cells		
Endocrinology			Surgery		
Forensic Anthropology			Tissue Engineering		
Forensic science			Topographical/Gross Anatomy		
Histology			Toxicology		
History of Medicine/Anatomy			Veterinary Anatomy		
Other – please specify					

Note: (v) The Anatomical Society will not pass your email details on to any third party. We may occasionally wish to share your details (excl. email address) with other organisations so that they can contact you regarding products or services which may be of interest. If you do NOT want your details passed on, please tick this box  $\square$ 

## Payment

□ I authorise Portland Customer Services to	use the credit card details below to pay my membership fees.
Credit Card Type: Visa/MasterCard/Switc	ch/Maestro (delete as applicable)
Card No	Issue No (if applicable)
Start Date	Expiry Date
Name of Cardholder	
Signature	Date
Cardholder's Address	
Fees will be taken in £s Sterling at the	e current exchange rate. Please note that receipts will not be sen unless specifically requested