

MEMBERSHIP APPLICATION FORM

BRITISH THYROID ASSOCIATION Registered Charity No: 1119631, SC046037

Title First Name Surname

Qualifications

Your preferred mailing address.....

.....

..... Post code

Tel..... Email

Please outline your interest in thyroid diseases including any thyroid-related publications.

.....

.....

.....

Proposed by: Name

Address.....

Signature Date

Seconded by: Name

Address.....

Signature Date

Your Signature **Date**

Please Note:

- The Proposer and Seconder must be Members of the BTA.
- If a Proposer or Seconder is not provided, you must enclose your curriculum vitae with your application.

Membership fees: No payment is due until you have been informed that you have been elected and payment details will be provided at that time. You will have the opportunity to join the British Thyroid Foundation at the same time.

For information, the current fees are:

- **Joint** membership of the British Thyroid Association//British Thyroid Foundation - **£55**
- British Thyroid Association **only** - **£30**

Please return this form to:
**The BTA Administrator c/o Suite 12, One Sceptre House, Hornbeam Square North,
Hornbeam Park, Harrogate, HG2 8PB
e-mail: bta-admin@btf-thyroid.org**