

BRITISH BURN ASSOCIATION

MEMBERSHIP APPLICATION FORM

Registered Charity – No 260167



Professional members:

Health care professionals (including Medical, Nursing, Allied Health Professionals, and scientific investigators) and non-medical workers actively engaged by reason of their employment in some aspect of the care of the burnt patient.

As a Professional member you are entitled to receive all mailings, notices and other information issues and have access to the website. You will also have full voting rights (general entitlements), and may be nominated to sit on the Executive Committee

Overseas members:

Persons who would be eligible for professional membership but who reside and work overseas for more than fifty percent of the year.

As an Overseas Member you are entitled to all general entitlements and may vote on Association matters at the Annual General Meeting. However, you cannot be nominated for election to the Executive Committee.

Associate members:

The Association recognises the large amount of work done on behalf of burn survivors and in the work of burn prevention by other charities and philanthropic groups. Associate membership is therefore open to such at the discretion of the Executive Committee.

As an Associate member you are entitled to all general entitlements. However, you may not vote on formal Association business or be elected onto the Executive Committee. Associate members may be invited to serve in a voluntary capacity on Association sub-committees where their particular experience may be of value and may be co-opted onto the Executive Committee on a similar basis but may not vote in either capacity.

Honorary members:

Honorary membership of the Association may be awarded by the Executive Committee of the association to persons who:

- i. have demonstrated outstanding service to burned patients in accordance with the aims of the Association. Nominations may be made for this membership category by at least two members of the Association. Names may be forwarded to the Executive committee which will then present its decision for ratification by the Annual General Meeting.
- ii. have by invitation given the annual Wallace Memorial Lecture.

Members in this category will no longer be required to pay a subscription but are entitled to all general entitlements and may vote on Association matters but may not be nominated for election to the Executive Committee

Student members

Students studying for their primary degree in health related disciplines, who confirm by application their place of study and graduation date. Your membership will be time limited. On graduation you must reapply as a Professional member. A letter of verification should be submitted from your university or equivalent institution with your application from which should include your graduation date. On graduation, you should reapply as a professional member.

Student members are entitled to all general entitlements and may vote on Association matters at the Annual General Meeting, but may not be nominated for election to the Executive Committee.

INSTRUCTIONS TO APPLICANTS

1. Applicants should submit only complete forms and should arrange for these forms to be in clear print or typescript.
2. Applicants **must** be proposed by two **Members** of the Association, who must sign the reference form.

PLEASE NOTE: It is the responsibility of the individual applying for membership to organise referees.

Applications cannot be considered until signatures from both referees have been received. **No reminders will be issued to referees from the Secretariat.**

3. Forms must be submitted **NOT LATER** than 3 months after signature by referees.
4. **RETURN TO:** MEMBERSHIP APPLICATIONS, British Burn Association, Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE or info@britishburnassociation.org

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PART A

<p><i>I wish to apply for membership of the British Burn Association:</i> £75 for doctors and consultant nurses/AHPs; £50 for nurses/AHPs/others; and £30 for students</p>	
1. Surname	
Forenames (in full):	
Title:	Male/Female:
Date of Birth:	

2. Qualifications (with dates and awarding bodies):
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3. Addresses	
Home:	
E-mail:	
Telephone No (incl. STD code):	
Mobile Phone no:	
Fax No:	
Work (If student name of place of study):	
E-mail:	
Telephone No (incl. STD code):	
Fax No:	
Preferred address for correspondence (please select one) Home / Work	

4. Present Post (If student, name of health related degree)	
Years in Present Post (if student, graduation date)	

I would like to join the following Special Interest Groups:			
<input type="checkbox"/> Education	<input type="checkbox"/> Prevention	<input type="checkbox"/> Research	<input type="checkbox"/> Pre-Hospital
<input type="checkbox"/> Nurses	<input type="checkbox"/> Psychosocial	<input type="checkbox"/> Burn Therapists	
<input type="checkbox"/> Microbiology/Infection Prevention	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Burn Camp	

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5. Categories

Membership applying for: *please tick*

Professional Overseas Associate Student

PROFESSION?: *please tick*

Doctor/Surgeon Nurse Therapist Scientist Educator

Psychologist Dietician Pharmacist

Other, please state

WHERE DO YOU WORK?: *please tick*

Ambulance A&E ICU Burns Service DoH/Gov Dept Police Fire

Charity Industry NHS Management

Other, please state

HOW ARE YOU PRIMARILY INVOLVED IN BURN CARE?: *please tick*

Research Prevention Education Acute Care

Rehabilitation Burn Camp Management

Other, please state

6. Data Protection Act

Please note: The British Burn Association is registered with the Data Protection Agency, and the BBA mailing list will be held in accordance with the Data Protection Act 1998. I understand that at no time will any data be disclosed for commercial purposes. My name and preferred contact details may be published on the Members' area of the website and in any future Association handbook, as appropriate.

I consent to my records being held in this manner to be released in accordance with this statement.

Signed _____

Date _____

7. Declaration

If accepted, I agree to abide by the Constitution.

Signed _____

Date _____

TO BE COMPLETED BY BBA EXECUTIVE ONLY

PART B

8. Accepted by:

BBA Executive Member

Name _____

Signed _____

Date _____

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TO BE COMPLETED BY REFEREES ONLY

PART C

9. References

We the undersigned, testify that _____
 who is personally known to us, is eligible in accordance with the articles of the Association and is in every way a
 suitable candidate for Membership.

	Name (<i>in capitals</i>)	Signature	Date
a.			
E-mail:			
Telephone No (incl. STD code):			
Fax No:			
	Name (<i>in capitals</i>)	Signature	Date
b.			
E-mail:			
Telephone No (incl. STD code):			
Fax No:			