

## **BSNR Membership Details**

Dear BSNR Member,

I am in the process of updating the BSNR membership database, and would be grateful if you could supply me with the following details. Also, could you please pass this form on to your colleagues if they have not received it.

Many thanks.  
Yours sincerely

Mary Gawne-Cain  
Honorary Secretary

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Name (include title):

Institution:

Position:

Postal Address (the one to which we should send correspondence):

Email Address (essential):

Telephone work:

Telephone mobile:

Do you think that your membership should be Full or Associate?

For a proposed change to Full Membership Only:

Full Job Title:

No of sessions worked:

No. of sessions allocated to neuroradiology:

Date and title of oral presentation to BSNR:

Date of completion of form:

Please fill out and return this form by email to [bsnr.sec@gmail.com](mailto:bsnr.sec@gmail.com)