



**British Society of  
Gastrointestinal &  
Abdominal Radiology**

Imaging, Intervention and  
Research in the care of  
patients with abdominal  
disease

## **Application for Membership**

Application to the BSGAR executive committee for full membership is open to active or retired radiologists working in the United Kingdom or Channel Islands who have a special interest in Gastrointestinal and Abdominal Radiology. Junior membership is open to specialist registrars training in the UK, interested in GI radiology. All full and junior members have voting rights at the Annual General Meeting.

Associate membership is open, by application to the executive committee and with the support of a full member, to any radiographer with a significant role in GI and Abdominal radiography who wishes to take an interest in the group's activities. Associate members do not have voting rights at the Annual General Meeting.

### **Subscription rate and payment**

The current membership subscription is £50.00 per year for Full Membership or Junior Membership, and £25 per year for Associate Membership. The first year subscription is payable with the application form. Please enclose a cheque with your application or contact the BSGAR administrator if you prefer to make a BACS direct transfer.

***Last name:***

***First Name:***

***Middle Name:***

***Desired Username:***

***Job Title:***

***Main Work Address:***

(Dept)  
(Trust)  
(Site)  
(Road)  
(City)  
(County)

***Post Code:***

***Tel. No:***

***Ext:***

***Hospital e-mail:***

***Home Address:***

(Address 1)  
(Address 2)  
(City)  
(County)

***Post Code:***

**Tel. No:**

**Ext:**

**Home e-mail:**

**Preferred e-mail address:**

Home

Work

**Preferred overland mail address:**

Home

Work

E-mail is the preferred means of communication of the society. If in exceptional circumstances this is inappropriate please list preferred means of contact below:

## Other Details:

**GMC Number:**

**CCST date** (confirmed or expected):

**Qualifications:**

## Clinical Director's Details:

**Name of Clinical Director:**

**Email address of Clinical Director:**

**Phone number of Clinical Director:**

## Main Area(s) of Activity:

Please tick any areas in which you are actively involved:

Oesophago-gastric

Small Bowel

Hepatic

Pancreatic

Hepatobiliary

Colorectal

CT

MRI

Ultrasound

Interventional

Nuclear Medicine/PET

Fluoroscopy

## Specific Areas of Interest

Please list areas of specific research interest or expertise. These may be used if BSGAR is searching for an expert in a particular area to offer an opinion on that subject. Please limit answers to no more than 6 areas.

1:

2:

3:

4:

5:

6:

**Data Protection:**

No personal details will be divulged for commercial purposes. Occasionally BSGAR may wish to use your name and contact details for a variety of purposes. Please tick the boxes at the end of each paragraph as appropriate to say if you agree to these uses or not. Your co-operation is important for the group. Wherever possible, mailing will be via the committee rather than disseminating the membership list to other persons.

Internal Research and Audit Purposes - If a request is received from a member for access to the mailing list to perform a study, the protocol for which it has been requested will be submitted for review by the audit/research representative and ratified by the committee.

Agree                       Disagree

Enquiries for Personal Expertise – If a request is received for the names and contact details of individuals with specific expertise in a given area from a professional colleague or health care related organisation, which has been approved by a quorum of the committee.

Agree                       Disagree

External Research and Audit Purposes – if a request is received from an individual or a professional body for access to the mailing list to perform a study, the protocol for which it has been has been requested will be submitted to the audit/research representative and approved by the committee.

Agree                       Disagree

**Declaration:**

The information given above is accurate to the best of my knowledge.

I wish to apply for     Full     Junior     Associate BSGAR membership.

**Signed:** ..... **Date:**    /    / 2    .

**Print Name:** .....

**Please return the completed form together with your cheque for £50.00 (or £25 for associate membership) made payable to ‘BSGAR’ as your first year subscription. Alternatively, you can make a BACS direct transfer (please contact the BSGAR Administrator [office@bsgar.org](mailto:office@bsgar.org) for bank details). Please return your application to:**

BSGAR Administrator  
7 Park Way  
Knaresborough  
HG5 9DP

You can also apply for membership by emailing this application form to the BSGAR Administrator at [office@bsgar.org](mailto:office@bsgar.org) or via the online registration facility at <http://www.bsgar.org/society/bsgar-membership/>