UK Mammography Physics Group



*Membership Application Form*

PERSONAL DETAILS:

|  |  |
| --- | --- |
| SURNAME |  |
| FIRST NAME |  |
| TITLE |  |
| EMPLOYMENT POSITIONe.g. Physicist |  |
| Hospital or Organisation Name: Address: |  |
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|  |
| TELEPHONE NO. |  |
| E-MAIL ADDRESS(used for correspondence) |  |

Please provide a brief outline of your involvement in mammography. Include duties and responsibilities, developments, achievements, research interests etc. Continue on a separate sheet if necessary.

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To help us build up a profile of the UKMPG membership, it would be helpful if you would answer the following questions:

# Do you provide services to the UK/Other National Breast Screening Programme? Yes / No

(\*please delete as necessary)

Number of screening units covered units

Number of symptomatic units covered units

What are your main interests? X-ray mammography

(tick as many as you like) Ultrasound

 Research

 Other (please specify)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign below to indicate your acceptance of the Group’s Constitution. It should be noted that the UKMPG newsletter is for private circulation and **should not** be photocopied or forwarded electronically.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Proposer:

Please get an established UKMPG member to propose your application (contact a UKMPG officer if this is a problem).

I support the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to become a member of the UKMPG

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  | Name: |  | Date: |  |

Please e-mail the completed form to the chair of the UKMPG at:

 ukmpg@ukmpg.org.uk

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Members will automatically be added to the UKMPG mailbase and membership list, which is freely available to other members. Details will not be given to outside organisations without consent.

Please tick if you do NOT wish to be added