

The British Society for Medical Mycology.



APPLICATION FOR MEMBERSHIP

Please read the Appendix and the BSMM Constitution before completing this form

1. Professional details		
Title	First name	Last name
Job title		
Institution/organisation		
Professional qualifications		

2. Contact details		
The address provided will be available to other Society members via the BSMM membership list, therefore a professional address is preferred. Mobile phone numbers are not published in the BSMM membership list.		
Address line 1		
Address line 2		
Address line 3		
Address line 3+		
Town/City		
County/State		
Post code		
Country		
Telephone	Mobile phone	Fax
E-mail address		

3. Medical Mycology involvement
Please state your Involvement in the field of Medical Mycology

3. Publications

Please list any publications relevant to the field of Medical Mycology (continue on extra pages if necessary)

4. Declaration

I am or have been engaged in, or directing, medical and/or veterinary mycology. I wish to become a member of the British Society for Medical Mycology and I agree to abide by its Constitution.

Signature of applicant

Date

5. Proposer 1

I am a member of the BSMM. The applicant detailed above is known to me personally, and I propose him/her for membership of the BSMM.

Full name of proposer 1

Signature of proposer 1

Date

6. Proposer 2

I am a member of the BSMM. The applicant detailed above is known to me personally, and I propose him/her for membership of the BSMM.

Full name of proposer 2

Signature of proposer 2

Date

Appendix: Notes for Applicant

1. Membership of the Society is open to individuals who are or have been engaged in or directing medical and veterinary mycology.
2. It must be clear from the information overleaf that this rule is satisfied. If not, please provide more information with your application.
3. Candidates for membership of the Society must be proposed by two or more current members of the Society from personal knowledge. Both must sign the application form.
4. Incomplete forms will not be considered.
5. On completion of the application form this form should be returned **together with the initial subscription** of £20 (cheques should be made payable to “BSMM”), to the General Secretary at the address below. In the event of your application proving unsuccessful, your payment will be returned.

Dr Susan Howell
Mycology
St John's Institute of Dermatology
St Thomas' Hospital
London, SE1 7EH

Phone: 0207 188 6400
susan.howell@kcl.ac.uk