

**BRITISH COCHLEAR IMPLANT GROUP**  
**Membership Application Form 2010**  
(PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK)

Name.....(Mr, Mrs, Miss, Ms, Dr, Prof)

Profession.....

Affiliated CI Unit if applicable.....

Contact Address.....

.....

.....Post Code.....

Tel.....Fax.....E-Mail.....

There are 3 categories of Membership (Please tick as appropriate):

**I wish to apply for:**

**1. Professional Membership**

- a) Full Individual Membership @ £70-00 per annum.
- b) Full Overseas Membership @ £85.00 p. a. in pounds sterling

**2. Organisations Membership**

Corporate Membership @ £2,500 per annum

**3. Non Professional Membership**

Non Professional Membership @ £35 per annum.

Signature..... Date.....

Applications for Membership should be supported by two signatures from existing BCIG members.

1. ....  
(Name in block capitals) (Signature)

2. ....  
(Name in block capitals) (Signature)

**Please return this form to:**

Simon Lloyd  
c/o Natalie Whalley  
Consultant Otolaryngologist and Skull Base Surgeon  
University Department of Otolaryngology - Head and Neck Surgery  
Manchester Royal Infirmary  
Manchester  
M13 9WL  
Tel: +44 161 276 4639  
Fax: +44 161 276 5003  
E-mail: natalie.whalley@cmft.nhs.uk

**Your application will be considered by the BCIG Council. Please submit a completed standing order mandate in addition. Following approval it will be sent to your bank to initiate payments.**