



Membership Application Form

Please read the guidance available at https://www.brit-thoracic.org.uk/about-bts/join-bts/ before completing this form. Complete all sections of this form and sign & send with appropriate payment to the address on page 4.

About Me

Title..... (to appear in all correspondence) Date of Birth [][]/[][]/[][][][]
Last name Gender.....
First name..... Suffixes.....

Ethnicity

White British White & Asian Pakistani Any other Mixed Background
White Irish Any other White Caribbean Any other Black Background
White & Black Caribbean Bangladeshi African Any other Asian Background
White & Black African Chinese Indian Any other ethnic group

Contact Information (Please ensure you notify us of any change to the following immediately)

Work

Job Title
Name of Hospital.....
Name of Trust.....
Department.....
Address Line 1.....
Address Line 2.....
Address Line 3.....
City.....
County.....
Postcode..... Country.....
Telephone number.....
E-mail address.....

Home

Address Line 1.....
Address Line 2.....
Address Line 3.....
City.....
County.....
Postcode..... Country.....
Telephone number.....
Mobile.....
E-mail address.....

Please indicate which is your preferred

Correspondence address
Work Home

Other Information (Please tick all that apply)

Tick here if you are working in an integrated care post

Tick here if you are a member of:

ARNS ACPRC
ARTP BALR

Specialist Interests (please tick up to three)

Asthma Interstitial Lung Disease Paediatrics Rare Lung Disease
COPD Interventional Procedures Palliative Care Sleep
Cough Lung Cancer & Mesothelioma Physiology Smoking Cessation
Critical Care Lung Infections Pleural Disease Surgery
Cystic Fibrosis Management Pulmonary Rehabilitation Transplant
Epidemiology Occupational Lung Disease Pulmonary Vascular Disease Tuberculosis
Integrated Care Oxygen Therapy



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Please tick one box from Section A, and where prompted please tick one box from the other sections.

Post Held

Section A PRIMARY STATUS

- Associate Specialist
Consultant go to section B1
General Practitioner
Industry Industry - Overseas
Manager
Medical Student
Nurse go to section B2
Pharmacist
Physician Associate
Physiologist / Clinical Scientist
Physiotherapist go to section B3
Retired but still in practice
Research Scientist
Speech and Language Therapist
Speciality Doctor
Trainee go to section C

Section B SECONDARY STATUS

Only complete sections required as of section A

Section B1 CONSULTANT

- Clinical Research Fellow Acute Consultant
Non-Clinical Research Fellow Lecturer
Paediatric Consultant Professor
Respiratory + Acute Reader
Respiratory + General Medicine Research Scientist
Respiratory + Intensive Care Senior Lecturer
Respiratory Consultant Thoracic Surgeon

Section B2 NURSE

- Asthma Nurse Cystic Fibrosis Nurse Specialist
Nurse Consultant Lung Cancer Nurse Specialist
Primary Care Paediatric Respiratory Nurse
TB Nurse Respiratory Nurse Specialist

Section B3 PHYSIOTHERAPIST

- Please tick here if you are a Consultant Respiratory Physiotherapist

Section C TRAINING DETAILS

If you selected 'Trainee' in Section A, please complete sections C1 to C4

SECTION C1 TRAINING STATUS

- Foundation Year 1 & 2
CMT Year 1 & 2
Specialist Training Year 3
Specialist Training Year 4
Specialist Training Year 5
Specialist Training Year 6
Specialist Training Year 7
Locum Appointment Training
Fixed Term Specialty Training Appointment

Section C2 TRAINING SPECIALITY

- Respiratory
Paediatric
Acute
Thoracic Surgery
Respiratory ICU
Other (please state)

Section C3 DEANERY

- Northern Yorkshire and Humber
Mersey East Midlands Trent North
North Western East Midlands Trent South
West Midlands Kent Surrey and Sussex
East of England South West Peninsula
London North West Northern Ireland
London North East Scotland East
London South West Scotland North
London South East Scotland South East
Oxford Scotland West
Wessex Wales
South Yorkshire and South Humber

Section C4 CCT INFORMATION (ST Year 3 and above)

- NT Number
Training Start Date
Expected CCT Date



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Please complete all sections of this form. Guidance to membership categories can be found on page 4 of this form.

Data Protection and your privacy preferences

For full details of the Society's Privacy statement visit the BTS website www.brit-thoracic.org.uk/privacy/

How we will use your information

The British Thoracic Society (BTS) takes your privacy seriously. We will only use your personal information to administer your membership and give you the services you have requested from us.

You may check and amend your personal data via the protected area of the BTS website, or by contacting the Society at any time.

Other email communications

The Society sends regular emails containing news and information about its activities. Topics include BTS events, abstract submissions, clinical audits and lung disease registries. We may also send you emails on a sub specialty, such as COPD, if you have indicated this is of interest to you.

Please select one of the two options below to confirm if you wish to receive emails from us giving you details of BTS events and activities:

- Yes, I agree to receive these emails
No, I do not agree to receive these emails

Sharing your information

For those members who receive Thorax we will send your name and preferred postal address to the publishers of the Journal (the BMJ) for the mailing list and to enable online access.

For those members who have joined the European Respiratory Society (ERS) via BTS we will send to ERS your:

- Title, Name, Gender, email address, Job Title
State if you are 65 years of age or older

This will enable ERS to contact you and process your membership application.

We will not pass on your details to third parties for marketing purposes.

Declaration

Membership of the Society is not open to persons who are or who have been full or part-time employees of, or paid consultants to the tobacco industry at any time during the last 10 years. If you do not meet these criteria you cannot join the Society.

I confirm that I do not have any connection with the tobacco industry either now or during the last 10 years, and understand that by forming one I will be disqualified from membership of the British Thoracic Society.

Please tick the box for the membership category you wish to apply for. Refer to page 4 of this form for eligibility. More guidance is available at www.brit-thoracic.org.uk/about-bts/join-bts/:

- Full
Concession with Journal
Concession without Journal
Pre-Specialist
Overseas Low Income
Overseas (Full)

UK residents only can also join ERS for £20 a year. If you would like to take advantage of this offer please tick here

Signature

Date DD/MM/YYYY



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Please use this information to determine your membership type on page 3 and send to the address below.

Member Categories and eligibility

Member Category	Annual subscription		Eligible
	By Direct Debit	By Credit/ Debit Card	
Pre-specialist (without Journal)	£20	£40	<ul style="list-style-type: none"> Medical Students, CMT (Core Medical Trainees) years 1 & 2 and Foundation Year 1 and 2 doctors
Concession (with Journal)	£150	£170	<ul style="list-style-type: none"> Specialty Trainees: ST3 ST4 and ST5 grades. Nurses and other Health Care Professionals including members of BALR who wish to take the journal Retired consultants doing sessional work/still registered to practice with GMC Rate for senior STs on OOPE /other leave (maximum 2 years)
Full	£250	£270	<ul style="list-style-type: none"> ST6, ST7 and beyond Consultants, Specialty Doctors, GPs Overseas (other than those in HINARI category) Members from industry, Managers, other
Concession (without Journal)	£50	£70	<ul style="list-style-type: none"> Nurses and other Health Care Professionals including members of BALR who do not wish to take the journal <p>*Please note Doctors and Trainee Doctors <u>must</u> take the journal</p>
Overseas Low Income Countries	£20	£20	<ul style="list-style-type: none"> Approved by BTS, defined by the WHO Hinari Initiative www.who.int/hinari/eligibility/en/
Retired (without journal)	£0	£0	<ul style="list-style-type: none"> Existing members (minimum of 1 years' membership) who have retired from medical practice

Mailing Address

Please send your completed membership application form and method of payment form to:
(Direct Debit / Credit Card forms available at <https://www.brit-thoracic.org.uk/about-bts/join-bts/>)

If you have any queries regarding your application, please email: membership@brit-thoracic.org.uk or telephone **020 7831 8778** and choose option 1.

**Membership Department
British Thoracic Society
17 Doughty Street
LONDON
WC1N 2PL**