



Association of Paediatric Anaesthetists of Great Britain and Ireland

Change of membership details

CURRENT DETAILS
Title:.....
Surname:.....
First Name:.....
Address of Hospital/Institution:
Tel:
email:
Previous Appointment:.....

NEW DETAILS
Title:
Surname:.....
First Name:.....
Address of Hospital/Institution:
Tel:.....
email:
New Appointment:.....

Type of hospital (please circle as appropriate).

Children's / Single Specialty / University teaching / District General / Other

Please ensure the APA has an up- to- date email address. To facilitate effective communication with members, the APA will increasingly forward notices electronically.When completed this form should be returned to:

Honorary Secretary, Association of Paediatric Anaesthetists of Great Britain & Ireland , 21 Portland Place, London, W1B 1PY . Fax: +44 207 631 4352 or by email to:apagbiadministration@aaqbi.org

You should receive email confirmation that your details have been amended within 14 days.