



## Application for Membership

### Personal Details

Title		Date of Birth	
Surname		Sex	
Forenames		Nationality	

### Contact Details

Work		Home	
Department		House name	
Hospital		Street	
City/Town		City/Town	
County		County	
Postcode		Postcode	
Telephone		Telephone	
Fax		Fax	
E-mail		E-mail	

Which of these addresses would you like ABA to use to contact you (please tick one)?

Work

Home

### Qualifications

Please list your qualifications in the order of their achievement

Date (year)	Qualification	Awarding Body	Grade/Class (if applicable)

### Current Position

Start Date	Job Title	Grade	Duties (please tick all that apply)
			Diagnostic Semen Analysis <input type="checkbox"/> Examination of post vasectomy specimens <input type="checkbox"/> Sperm preparation for treatment (e.g. IUI) <input type="checkbox"/> Sperm cryopreservation and storage <input type="checkbox"/> Sperm Donor recruitment <input type="checkbox"/>

### Declaration by Head of Department or line manager

I declare that the above named person is employed in the above position and undertakes routinely the Andrology activity declared in the above list

.....  
Name
Position
Signature
Date

### Grades of Membership

There are currently two categories of membership, please tick the one which is most appropriate for you:

	Category	Cost for 1 year
<input type="checkbox"/>	<b>Full Membership.</b> This is currently open to individuals working in a laboratory in the UK and who are actively engaged in Andrology activity as part of their day-to-day work. To qualify for this category of membership, individuals should have been working in the field for at least 2 years <sup>†</sup> .	£15
<input type="checkbox"/>	<b>Associate Membership.</b> This category is open to anyone working in an allied discipline who has an interest in the field of Clinical Andrology and who supports the aims and objectives of the Association. This currently includes researchers, clinicians, nurses and anyone who has not been working in the field for 2 years <sup>†</sup> .	£10

<sup>†</sup> Attendance on an ABA Basic Semen Analysis course can allow an application for full membership without the need for two years work experience in the field.

### Payment

- I enclose a cheque for £..... and made payable to The Association of Biomedical Andrologists.
- I require a receipt.

### Declaration

- I declare that the above information is truthful and that in my day-to-day work I am actively involved in andrology activity.
- I agree to keep the association informed of any changes to the details outlined on this form, including any major changes to my occupation where this relates to andrology activity
- I agree to abide by the rules and regulations of membership published by the association (not yet available)
- If my membership is accepted, I agree to conduct my daily (andrology) work in accordance with any guidelines and codes of conduct that may be published by the association.

.....

Name
Position
Signature
Date

Please send your completed form to: Stephen Harbottle, Andrology Laboratory Manager / Senior Embryologist, Newcastle Fertility Centre, Bioscience Centre, International Centre for Life, Times Square, Newcastle Upon Tyne, NE1 4EP.