



**BRITISH PAIN SOCIETY  
SPECIAL INTEREST GROUP - MEMBERSHIP APPLICATION FORM**

Any member of the Society who wishes to become a member of a Special Interest Group is required to complete a SIG Membership Application Form for each SIG they wish to join.

Once completed, please return this form to Dr Patricia Schofield, Honorary Secretary of the British Pain Society, Third Floor, Churchill House, 35 Red Lion Square, London WC1R 4SG.

Members name .....

Membership no .....

Email address.....

Name of Special Interest Group .....

I confirm that I have read and agree to adhere to the Regulations governing Special Interest Groups (these can be found on the British Pain Society website [www.britishpainsociety.org/sigs.html](http://www.britishpainsociety.org/sigs.html) or by contacting the British Pain Society Secretariat)

Signed: .....

Dated: .....