



Application for Membership

Please return this form to the address opposite
with your cheque for £30 (payable to B.A.R.S.)
or with the standing order box ticked in the
method of payment section below.
Please note that standing order payment and online
applications are available at a lower rate of £25 pa.

To: Alison Simpson
BARS Administrative Secretary
Ward 25
Ninewells Hospital
Dundee DD1 9SY

If you require further information please Tel:
01382 632713
Or visit www.eyescreening.org.uk

I would like to apply for membership of BARS and agree to be bound by its rules.

Method of Payment

Cheque

Standing Order

Applicant details

Full name including title _____

Organisation _____

Post held _____

Address _____

Post code _____

Telephone number _____

Email address _____

If you are applying to join BARS for the first time you are required to provide details of an existing BARS member who is happy to propose you for membership.

Proposing member details

Full name including title _____

Address _____

Post code _____

Email address _____

Professional Role _____