

Nurse Membership – Association of Breast Surgery

The Association of Breast Surgery is committed to supporting nurses working in breast care. The ABS is offering the opportunity for all nurses working in a breast multidisciplinary team to become Affiliate Members of the ABS.

Nurses are an essential part of any breast multidisciplinary team, both as breast care nurse specialists and increasingly taking on additional roles as advanced nurse practitioners. The ABS aims to support nurses working in breast care both professionally and educationally :

- The Nursing Membership of ABS will in future elect a Nurse Representative to sit on the ABS Council. They will therefore have the opportunity to raise specific nursing issues at a national level, where the ABS may be able to provide support and guidance.
- Nurse members of the ABS will have input into the planning and programme content of the ABS Nursing Conferences
- Nurse members of the ABS will be eligible for reductions to registration fees for the ABS sponsored conferences

To facilitate Nurse Membership of the ABS we are introducing the concept of **Breast Unit Nurse Membership of the ABS.**

- This will be FREE
- This requires a surgeon from a specific breast unit, who is a Full Member of the ABS, to sponsor the proposed members on this form.
- One nurse per unit needs to be the contact to whom we will send paper copies of any mailings. All other nurses will provide their e-mail addresses and will be e-mailed individually any information from the Association.
- This form will be circulated annually to the contact nurse to ensure that membership lists remain accurate

We hope that all units will take this opportunity for the nurses working in their multidisciplinary team to become ABS Members so that the ABS can support their professional and educational needs.

Nurse Membership of Association of Breast Surgery

Hospital Name:

Hospital Address (to be used for correspondence to the contact nurse member):

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Post Code:

Nurse Members:

1. Contact Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

2. Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

3. Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

4. Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

5. Nurse Member

Title: First Name: Surname:

Job title: Email:

Signature: Date:

(Please complete any additional members on a separate sheet)

Name of proposing surgeon:

(must be a full member of the ABS)

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Signed:

Date:

Seconded and approved for the ABS Trustees by:

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Signed:

Date:

Please return this form to Jackie Spencer-Smith at the Association of Breast Surgery (address overleaf)