

Membership/Directory

Application Form

Please complete the following form to apply for membership of SCN.

**Please note that the information that you supply will be used in the directory of members, so please only supply information that you are happy to have circulated.**

Full Name\_\_\_\_\_

Profession\_\_\_\_\_

Qualifications\_\_\_\_\_

Area of work (Burns, Dermatology, etc)\_\_\_\_\_

\_\_\_\_\_

Contact Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Telephone Home\_\_\_\_\_ Work\_\_\_\_\_

Would you be happy for people to contact you for advice YES/NO

How long have you been practising cosmetic camouflage\_\_\_\_\_ years

Please send this completed form along with your cheque for £20 (£24 if a membership badge is required), made payable to Skin Camouflage Network to;

Skin Camouflage Network  
PO Box 276  
Newcastle upon Tyne  
NE3 4XR