



Help grow SWB by joining us as an Ordinary Member, which is entirely free of charge. As a Member you can provide input and feedback into the policies and direction of the organisation, attend SWB's Annual General Meetings and all Members receive regular updates on our work, including our quarterly newsletters.

If you are a Medical Specialist interested in joining our database of volunteer instructors, please also complete Section 2 of the form. Thank you for your interest in our organisation!

SECTION 1: PERSONAL DETAILS

Surname..... Given Name.....

Gender Male Female Date of Birth.....

Country of Birth

Postal Address

.....

Mobile Number:

Email

Preferred Contact Method

SECTION 2: PROFESSIONAL DETAILS (FOR VOLUNTEER INSTRUCTORS ONLY)

Specialty

Qualifications

.....

Current Certification

.....

Summary of Experience (years and areas)

.....

.....

Current Position.....

Employer

Areas of Interest for teaching

.....

Are there any countries in which you would prefer not to teach (please list)

.....

Your availability

I confirm that I would like to join SWB as a Member, for which there is no charge payable.

Full Name.....

Signature

Date.....

Please return the completed form to:

**Megan Coupland
Specialists Without Borders
P. O. Box 91
Charleston
SA 5244.**