



**Membership Application**

**NAME:** .....

Surname

First Name

**TITLE:** ..... **JOB DESCRIPTION & HOSPITAL:** .....

**ADDRESS** .....

.....

**TEL**..... **MOBILE**..... **EMAIL** .....

**Please set up standing order with your bank in order to become a member**

**This is an annual fee of £25 for Medics and £10 for non-medics**

**Please use your surname for identification purposes of the payment so that it can be traced into your account**