



Nottingham Medico-Chirurgical Society

Postgraduate Education Centre, Nottingham University Hospitals NHS Trust, City Hospital Campus,
Hucknall Road, Nottingham NG5 1PB Tel: 0115 9627758

APPLICATION FORM

PLEASE COMPLETE THIS FORM AND THE BANKERS STANDING ORDER FORM IN BLOCK LETTERS AND SEND TO THE ADMINISTRATOR AT THE ABOVE ADDRESS WHO WILL PRESENT YOUR APPLICATION TO THE COUNCIL.

Title and Name:	
Qualifications:	
Branch of Medicine	
Position: Consultant/ GP/Other (please state)	
HOME Address & Post Code:	
Home Tel:	
Email (please print clearly):	
WORK Address:	
Work Tel:	
Important: Please state your preferred address for Society mailings: HOME/WORK	

Attention is drawn to the following Rules of the Society:

Rule 6: Every person so elected, having signed an agreement to obey the Rules of the Society shall be a Member.

Rule 9: To encourage comprehensive membership and welcome new GPs, Consultants, Senior Non-medical academics and Junior Doctors are offered a free membership in the year of election only. A completed and signed Standing Order mandate MUST accompany the nomination form.

I wish to become a Member of the Nottingham Medico-Chirurgical Society. I have read the above Rules and agree to obey them, and hereby sign this declaration.

Signed..... Date.....

Office use only:

Date of election:	Membership No:	Date notified:
-------------------	----------------	----------------