

# Sheffield Medico-Chirurgical Society

## Application form for student membership

Membership Application Form

Please complete in BLOCK CAPITALS

Surname .....

Forenames ..... Title.....

Address .....

Email ..... Tel No.....

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

**Membership is free for the first year and membership covering the whole course is £15.00, payable in advance at the beginning of the course. If you choose to pay annually, the subscription is £5.00 per annum.**

Please enclose payment of £5.00 as annual subscription or £15.00 for the whole course. Cheques to be made payable to 'Sheffield Medico-Chirurgical Society.. If you wish subsequent subscriptions to be paid by standing order, please complete the mandate below. We will forward this to your bank.

**The completed form and cheque should be sent to the administrative secretary: Mrs Linda Norcliffe, 16 Chapelfield Road, Thorpe Hesley, Rotherham, S61 2SP**

### Standing Order

To the Manager.....Bank

Address.....  
.....

Please pay to the Sheffield Medico-Chirurgical Society, Account No. .... the .....plc, High Street,....., sort code ..... on the first of October each year until further notice the sum of £5 (five pounds) and debit my account with the same.

This order cancels any previous instructions for the payment of subscriptions to the Sheffield Medico-Chirurgical Society.

Signature.....

AccountName.....

Sort Code..... Account No .....

Date.....

PLEASE NOTE THAT THIS ORDER DOES NOT BECOME OPERATIVE UNTIL 1ST OCTOBER AFTER DATE OF SIGNATURE.  
FIRST PAYMENT TO BE MADE ON OCTOBER.....