

Sheffield Medico-Chirurgical Society

Application form

Please complete in BLOCK CAPITALS

Surname.....

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

Address..... Tel No.....

Postcode..... Email.....

..... Qualifications..... Year of Qualification.....

Specialty.....

I wish to become a member of the Sheffield Medico-Chirurgical Society.

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

Please enclose payment of £30 as annual subscription.

Cheques to be made payable to 'Sheffield Medico-Chirurgical Society'.

If you wish subsequent annual subscriptions to be paid by standing order, please complete the mandate. We will forward this to your bank.

The completed form should be sent, with payment, to the Administrative Secretary:

Mrs Linda Norcliffe, 16 Chaplefield Road, Thorpe Hesley, Rotherham S61 2SP