

Application Form

Title: _____ Name in full: _____

Designation: _____
(e.g. Professor / Consultant / Senior Lecturer / GP Principal / Associate Specialist / Trainee Doctor / FY1 / FY2)

Speciality: _____ Date of Birth: _____

Preferred Mailing Address: _____

Postcode: _____

Alternative Address: _____

Postcode: _____

E-mail Address: _____

Telephone No.: _____ Mobile No.: _____

All routine communications will be by e-mail unless arranged otherwise with the office.
Subscriptions are waived for the Session 2014-2015 for new members. A direct debit instruction will be sent to you to commence on the nearest working day to 1st October 2015 for the Session 2015-2016 and annually thereafter.
Please note that the subscription is a tax allowable expense.
Members £60 Retired members £36 Non-resident Associate £36 Foundation Doctor £10
(a reduced membership rate of £45 is available for anybody only paying standard rate tax. Please contact the office to claim)
Please return this form to the Aberdeen Medico-Chirurgical Society at the address below.

For Society's use only:

Date of Receipt: _____

Membership No: _____

Subscription Rate: £ _____



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