

Cardiff Medical Society

Established 1870

Application for Membership

I wish to apply for membership of the Cardiff Medical Society

NAME: (block capitals please)

Home Address.....

..... Post Code:

Telephone: Home Email:

Department / Practice:

Signed:

NB: Providing personal address and email prevents the Society losing contact when members change jobs or retire.

Standing order

Name of Bank: Sort Code:

Address of Bank:

Please pay to the Cardiff Medical Society
At Lloyds Bank, Wellfield Rd, Cardiff, Sort Code 30-92-07, Account 00310345

The sum of £30.00 (thirty pounds) per annum on the next 1st January and then every January 1st until further notice

Account name: Account number:

Signed: Date:

**Please send this form to: Cardiff Medical Society Executive Secretary,
Derek Fishwick, 20 Dan Donovan Way, Cardiff, CF11 0JZ.**