

# Cardiff Medical Society

Established 1870

## Application for Membership

I wish to apply for membership of the Cardiff Medical Society

NAME: (block capitals please) .....

Specialism: .....

Address: .....

..... Post Code: .....

Telephone: ..... Email: .....

Department / Practice: .....

Signed: .....

Note: Experience suggests that personal emails and addresses enable us to keep in touch better and prevent us from losing touch when people change jobs.

## Standing order

Name of Bank: ..... Sort Code: .....

Address of Bank: .....

Please pay to the Cardiff Medical Society  
At Lloyds TSB Bank, City Road, Cardiff, Sort Code 30-92-07, Account 0310345

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

Account name: ..... Account number: .....

Signed: ..... Date: .....

**Please send this form to: Cardiff Medical Society Executive Secretary,  
Mr Derek Fishwick, 30 Heol Don, Whitchurch, Cardiff, CF14 2AU**