

**BRIGHTON & SUSSEX MEDICO-CHIRURGICAL SOCIETY**

**APPLICATION FORM**

**NAME** .....

**QUALIFICATIONS** .....

**DEPARTMENT OR PRACTICE** .....

**RESIDENCE** .....

.....

.....

**TEL**.....**FAX**.....

**MOBILE**.....**EMAIL**.....

Hereby applies to be a member of this Society.

**SIGNED** .....(Applicant)

**APPROVED**..... (President)

**DATE** .....

**SUBSCRIPTIONS**

Claim as Gift Aid – yes/No  
Paid by Standing Order

Full Member	£55.00
Joint member	£80.00
Retired member	£30.00
Joint retired members	£45.00
Student member	No charge

Please return form to Cynthia Lewis at the above address