

Cardiff Medical Society

Established 1870

Application for Membership

I wish to apply for membership of the Cardiff Medical Society

NAME: (block capitals please)

Qualifications:

Address:

..... Post Code:

Telephone: Email:

Department / Practice:

Signed:

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 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,
Mr Ron Ley, 2 Hazel Tree Close, Radyr, Cardiff CF15 8RS**