

Associate application form

CAPITAL LETTERS PLEASE

Full name _____

(please underline surname/family name)

Address _____

Postcode _____

E-mail address _____

Contact telephone number _____

Please state your Membership qualification (eg: MRCPI, MRCGP) or current post

Date of passing _____ Date of Birth _____

Primary qualification _____

University _____ Year _____

GMC number (if applicable) _____

If you do not have a GMC number, please enclose a photocopy of your primary medical degree certificate

Signed _____ Date _____

Please note that applications cannot be processed unless the Declaration Form overleaf has been completed and signed.

Payment details

Please note that the joining year's subscription is payable in advance by credit card or cheque/banker's draft. Subsequent subscriptions can then be paid by Direct Debit.

Please tick your method of payment below:

I have enclosed a Sterling cheque/draft, made payable to the Royal College of Physicians of Edinburgh, to the value of _____

Please deduct _____ from my credit/debit card.
Visa/Mastercard/Amex/Delta/Maestro (please delete as appropriate)

Name on card: _____

Card no.:

Start date: / Expiry date: /

Issue no.: Security code*:
(mandatory)

*On most cards the security code is the last three digits of the number found on the signature strip on the reverse of the card. Amex cards carry a 4-digit number on the face of the card.

Declaration form

(all applicants must read, complete and sign the following)

1. I hereby faithfully declare:

That I shall uphold the rights and privileges of the College, and promote the interests of the College to the best of my ability.

That I shall obey the Laws, Bye-Laws and Regulations of the College made or to be made.

That I shall never divulge or publish anything that is acted or spoken or proposed to be transacted in any meeting of the College, or Council or Committee thereof, without leave asked and obtained from the President or the Secretary of the College.

2. Have you, at any time, had any criminal convictions, or do you have any criminal convictions pending? Yes No

Please give further information if you have answered 'Yes'

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3. Have you at any time had (or do you have pending) any suspensions, limitations or removal of medical registration? Yes No

Please give further information if you have answered 'Yes'

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4. Do you have any health problem likely to adversely affect your professional work?

Yes No

Please give further information if you have answered 'Yes'

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Signed Date

Data Protection Act 1998 – releasing information to third parties

As a Collegiate Member of the Royal College of Physicians of Edinburgh you may, from time to time, be eligible for discounts on selected products and services from the College and its partners. We will only disclose your personal details to our partners to enable you to take advantage of such offers.

Please tick the boxes which apply to you.

- Yes, please keep me informed of products and services available to Collegiate Members through the College and its partners.
- I understand that to obtain any discounts on products and services, the College will have to confirm my eligibility as a Collegiate Member of the College to the supplier from whom I have ordered such materials.
- The College receives requests from non-commercial medical organisations and CPD-accredited conference organisers to provide contact lists for mailing and research purposes. Please note that we only disclose name and work address. If you agree to being included in such lists please indicate by ticking this box.