

Associate Membership Application Form

CAPITAL LETTERS PLEASE

Full name _____
(please underline surname/family name)

Address _____
 _____ Postcode _____

Email _____ Contact tel _____

Membership qualification (eg: MRCP I, MRCPGP) 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

NMC number (if applicable) _____

Signed _____ Date _____

Membership Rewards Scheme: If you have been introduced to Membership by an existing College member, please complete their details:

Full name _____

Hospital _____

Please note that applications cannot be processed until 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 four-digit number on the face of the card.

Please return applications by fax to +44 (0)131 226 6124 or send them to:
 Membership Department, Royal College of Physicians of Edinburgh,
 9 Queen Street, Edinburgh, EH2 1JQ, UK

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'

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'

Signed Date

Please use a separate sheet of paper to answer questions 2 and 3 if required.

Data Protection Act 1998

Your details will be stored on a database in compliance with the Data Protection Act for the purposes of administering your membership of the College.

The College may, from time to time, send you targeted communications about our services or activity which we believe may be of interest to you. Please tick this box if you do not want to receive such information.