**Senior Fellows Club**

**Application Form to Join the Club**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I would like to join the Senior Fellows Club.

Fellowship/Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would be pleased to receive notices/correspondence from the Club by e-mail **YES/NO**

My e-mail address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am interested in joining the Walking Section of the Club - **YES/NO**

I agree to my annual subscription to the Senior Fellows Club (£15.00) being collected in October together with my annual College fee for retired Fellows/Members.

Preference for name badge (informal/no designations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your completed form by email to sfc@rcpe.ac.uk or post to:

Senior Fellows’ Club Administrator

Royal College of Physicians of Edinburgh

11 Queen Street, Edinburgh

EH2 1JQ

Thank you