

Royal Medical Society

Membership Form



Membership Term

Please refer to the membership fees for the current session. Please tick.

6 YEAR 3 YEAR 1 YEAR OTHER: _____

Membership Number (Secretaries to complete)

Please keep a note of this to access your online account and to attend member-only events.

2 8 4 _ _ _

Personal Information

Please inform us if any of these details change during your term of membership.

Name: _____

Date of Birth: ____/____/____ (DD/MM/YY)

(Please ensure the address you write is an Edinburgh address as this is where your membership pack will be sent to. If you do not have an Edinburgh address yet PLEASE STATE 'To be Confirmed' and send the form to enquiries@royalmedical.co.uk and get in touch with the office once you do have an Edinburgh address).

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Student Number: s _ _ _ _ _

Degree Programme: MBChB BVM&S Postgraduate
Other: _____

Year of Study: 1 / 2 / 3 (Intercalated) / 4 / 5 / 6

Declaration

I hereby agree to abide by the Obligation of the Society and the Laws of the Society, copies of which are available online and in print upon request from the Secretaries.

Signed: _____ Date: ____/____/____

OFFICE USE ONLY:

ENTERED INTO DATABASE CASH/CHEQUE/CARD/WUFOO KEYCARD NUMBER _____