



cambridge medical society  
www.cambridgemedicalsociety.org.uk

## Cambridge Medical Society Membership Application Form

To join the Cambridge Medical Society, please print out both pages of this application form, fill in and return this page by post to the address below, and send the second page to your bank.

**Membership Secretary**

Miss Samantha Elliott  
Cambridge Medical Consultants  
Trumpington Mews  
Cambridge CB2 9LS

For further information, please contact [enquires@cambridgemedicalsociety.org.uk](mailto:enquires@cambridgemedicalsociety.org.uk)

**Your Details**

Name.....

Address (home preferable) .....  
.....  
.....  
.....  
.....

Telephone Number .....

Email Address .....

Specialty .....

**CAMBRIDGE MEDICAL SOCIETY  
STANDING ORDER MANDATE**

**Name and Address of Bank** .....  
.....  
.....  
.....

**ACCOUNT TO BE DEBITED**

Sort code .....-.....-.....  
Account number.....  
Account name.....

**BENEFICIARY DETAILS**

Bank: Barclays Bank plc, Cherry Hinton Road, Cambridge  
Branch  
Sort code: 20-17-19  
Account number: 60242233  
Account name: Cambridge Medical Society

**PAYMENT DETAILS**

Amount of payment £20.00 (Twenty pounds)  
Date of first payment.....ASAP.....

Please pay annually on 1st Day of .....2007 until further notice.

Customer contact telephone number.....

**Customer Signature**.....**Date**.....