

## Membership Application Form

I (Full Name)

of: (home address)

Email:

### Wish to join 'Doctors for the NHS'

My date of birth is:

I am a whole time/part time/retired General Practitioner

I am a whole time/part time/retired Consultant (please delete as appropriate) My specialty is/was .....

I am a trainee expecting to complete my training by: .....

I am a doctor working in another role (e.g. academia, public health, management, overseas etc) please specify

My main appointment is/was at:  
Hospital/Surgery/Other

Preferred mailing address

**I agree/do not agree that my name can be circulated to other members**

Signed

Date:

Please send with completed Bankers Order to:  
Hon Treasurer DFNHS, 24 Hurgill Road, Richmond, North Yorks, DL10 4BL