

THE EXETER MEDICO-LEGAL SOCIETY

APPLICATION FOR MEMBERSHIP

I apply for membership of The Exeter Medico-Legal Society.

I declare that I am *

- (i) a member of the medical profession;
 - (ii) a member of the legal profession;
 - (iii) otherwise interested in medico-legal work (please state in what capacity)
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(* please delete as appropriate).

I agree to abide by the Rules of the Society.

I enclose my cheque for £ made payable to The Exeter Medico-Legal Society (£40 subscription fee plus £10 joining fee).

Title: _____ First names: _____

Surname: _____

Organisation: _____

Title/Position: _____

Work Address: _____

_____ Postcode: _____

DX (if applicable): _____ E-mail Address: _____

Home Address: _____

_____ Postcode: _____

Home Telephone No: _____ Work Telephone No: _____

* Please state whether you wish correspondence be directed to your Home or Work (tick appropriate box)

Please return form to:

Mr C D Poole, Joint Secretary, The Exeter Medico-Legal Society
c/o Bond Pearce, Darwin House, Southernhay Gardens, Exeter EX1 1LA

Telephone: (01392) 415140