

APPLICATION FORM – FULL MEMBERSHIP

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Address		Pho	ne – mobile	
		Twi	tter	
Postcode		Job	Title	
Email		Pract	ice/Area of Work	
GMC No	(We ask for this as it is a helpful unique number for database purposes)			
The subscription of the su		ick if you do not want this. ctober annually. r form below, and return to the company of the remainder of the remainder of the for the RGPAS account of the for after 1st August.	o the Treasurer of the current ye etails below, for mbers List	at the address below. Par, by enclosing a r £20. This payment will
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		(your bank)	sort co	de: LL
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(sort code 80	on Bank of Scotland, Main Ro -05-40 A/c 00478901 "Rur 20 annually on 1 st October a	ad, Aviemore, PH22 1R Il General Practitioners	A/c nar H Association of	f Scotland")

→ Please return this form to: Dr Malcolm Elder, RGPAS Treasurer, Carradale Surgery, Carradale, Argyll, PA28 6QG