



*The GPs' own charity*

The **Cameron** Fund

## APPLICATION FOR MEMBERSHIP

**Please complete this form IN CAPITALS**

Surname

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Forename(s)

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Private Address

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Postcode

Practice Address

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Postcode

Year of first registration with General Medical Council

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Registered Qualifications

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With which Health Authority are you, or have you been, in contract?

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Email:

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I hereby apply for membership of the Cameron Fund Ltd and agree to receiving official communications and information by e-mail.

Signed:

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Date: