



*The GPs' own charity*

The **Cameron Fund**

## APPLICATION FOR MEMBERSHIP

**Please complete this form IN CAPITALS**

Surname

Forename(s)

Private Address

Postcode

Practice Address

Postcode

Year of first registration with General Medical Council

Registered Qualifications

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

Email:

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

Signed:

Date: