

Membership Application Form

First name:				
Surname:				
Title:	Qualif	Qualifications:		
Current post:				
Home address:				
Postcode:		City:		
Work email:				
Personal email:				
GMC number:				
CME:	RCPSGlas□ RC	PEd□ RCPLond□ RCPath□		

Main Endocrine Activities

Clinician	Non-clinician	Non-clinician	
Adult Endocrinology	Biochemistry		
Adult Diabetes	Molecular Endocrinology		
Paediatric Endocrinology	Physiology		
Reproductive Endocrinology	Pharmacology		
Biochemistry			

Membership Fee

Annual membership fee is £20. Please either complete the enclosed standing order form and **send it to your own bank** or set up a standing order using online banking with the following details:

- Payee name: CAL SOC ENDOCRINOL

- Account number: 70156355

- Sort code: 82-64-26

- Payee reference: Include your full name here

Please return this Membership Application to: Dr Fraser Gibb, Edinburgh Centre for Endocrinology & Diabetes, Outpatient Department 2, Royal Infirmary of Edinburgh, EH16 4SA.