



THE MEDICO-LEGAL SOCIETY
NOMINATION FOR MEMBERSHIP

NAME OF CANDIDATE (BLOCK CAPITALS):.....

TITLE (DR, MR, MRS, MISS, MS, OTHER):.....

DEGREES OR OTHER PROFESSIONAL QUALIFICATIONS:.....

.....

OCCUPATION & PRESENT POSITION:.....

.....

ADDRESS FOR CORRESPONDENCE (BLOCK CAPITALS):.....

.....

(Please ensure that you advise the Membership Secretary of any future change of address)

PROPOSED BY (BLOCK CAPITALS):.....

SECONDED BY (BLOCK CAPITALS):.....

Please attach your Standing Order Mandate to this form and send them both to:

FOR OFFICE USE ONLY

DATE OF ELECTION:

STANDING ORDER MANDATE:

Attached?

Effective: Forthwith: 1st January 200_

Please send to Portland Customer Services, Portland Press Ltd., Commerce Way

Colchester C02 8HP

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