

# Medico-Legal Society



## Application for Membership

Note: all members are expected to maintain the highest professional standard

Name \_\_\_\_\_

Address (for journal) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Specialism \_\_\_\_\_

Date of qualification \_\_\_\_\_

Firm/Chambers/Hospital/Surgery \_\_\_\_\_

Other — please specify \_\_\_\_\_

|     |                          |       |
|-----|--------------------------|-------|
| Age | <input type="checkbox"/> | 18–30 |
|     | <input type="checkbox"/> | 31–50 |
|     | <input type="checkbox"/> | 51–64 |
|     | <input type="checkbox"/> | 65+   |

Application for  Full membership (£100)

Student membership (£25)

CV  I have attached a copy of my CV with this application form which illustrates my interest in medico-legal issues

Payment  I enclose a cheque for £100/£25 (please delete as appropriate) made payable to the Medico-Legal Society. I acknowledge that payment will not be taken until my application has been accepted by the Society's Council.

I would like to pay by way of bank transfer and to be contacted once my application has been accepted in order to make payment.

I heard about the Medico-Legal Society from: \_\_\_\_\_ Please specify

|                  |                          |               |                          |               |                          |                |                          |                   |                          |              |                          |  |
|------------------|--------------------------|---------------|--------------------------|---------------|--------------------------|----------------|--------------------------|-------------------|--------------------------|--------------|--------------------------|--|
| <i>Colleague</i> | <input type="checkbox"/> | <i>Friend</i> | <input type="checkbox"/> | <i>Advert</i> | <input type="checkbox"/> | <i>Website</i> | <input type="checkbox"/> | <i>MLS member</i> | <input type="checkbox"/> | <i>Other</i> | <input type="checkbox"/> |  |
|------------------|--------------------------|---------------|--------------------------|---------------|--------------------------|----------------|--------------------------|-------------------|--------------------------|--------------|--------------------------|--|

I consent to the Medico-Legal Society holding the above data for the purposes of administering my membership and in accordance with the GDPR.

**Please return this form to:** Medico-Legal Society Membership Admin, c/o Medical Society of London, 11 Chandos Street, London W1G 9EB [medicolegalsoc@btconnect.com](mailto:medicolegalsoc@btconnect.com)

Office use:

|               |                 |             |                    |                |                |
|---------------|-----------------|-------------|--------------------|----------------|----------------|
| <i>To Sec</i> | <i>Approved</i> | <i>Paid</i> | <i>Letter/prog</i> | <i>Website</i> | <i>Journal</i> |
|               |                 |             |                    |                |                |