



The GPs' own charity

The **Cameron** Fund

APPLICATION FOR MEMBERSHIP

Please complete this form IN CAPITALS

Surname

Forename(s)

Private Address

Postcode

Job Title - for Associate Membership

Practice Address

Postcode

Year of first registration with General Medical Council - for full Membeship

Registered Qualifications

With which CCG 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: