



# **THE SYRIAN BRITISH MEDICAL SOCIETY**

## **(SBMS)**

### **MEMBERSHIP APPLICATION FORM**

**Name:** Name in Arabic: M / F

**Address**

Home: Work:

Post Code

Post Code

**Telephone:**

Home: Work: Mobile:

**E-mail:**

Home: Work:

Present Appointment:

Grade or Title:

Place:

Qualifications and Years of Qualification:

**GMC / GDC / other Professional Body Registration Number:**

(Please underline or specify as appropriate)

Other Professional Body Membership:

Specialty: Sub-Specialty / Interest:

I would like to apply for **Full / Associate / Student Membership**

(Please underline as appropriate)

Print Name: Signature: Date:

Please email or post the form to Sarah Eaton, Volunteer Secretary [sarah.eaton@sb-ms.org](mailto:sarah.eaton@sb-ms.org).

Address: 36 Sanders Close, Redditch B97 6SB

**Annual fee:**

**Full member: £50**

**Associate member: £15**

**Student: Free**

**Payment: (Please consider setting up a Standing Order).**

**On line / by Standing Order / by Bank Transfer**

A/c Name: SBMS, Royal Bank of Scotland,

Sort Code: 16-00-35 A/c No.: 10914006

**By Cheque:** Payable to **Syrian British Medical Society**. Please post to:

Sarah Eaton, Voluntary Secretary, 36 Sanders Close, Redditch B97 6SB

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**FOR OFFICIAL USE ONLY**

Approved by the Council: Yes N Date:.....

Comments:

Membership: Full / Associate / Student

Signature of President..... Date:.....