

MANCHESTER MEDICAL SOCIETY

(Registered Charity No. 222800)



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17th March 2010

Welcome to the Manchester Medical Society's first Medical Careers Fair which we hope helps you choose your future career path in medicine. After today's event powerpoint presentations of the formal talks, career sessions and workshops will be available at www.mms.org.uk I hope you will also complete the online feedback on Medlea so that we can take your comments onboard and design next year's Fair to be even better for you.

As President of the Manchester Medical Society may I draw your attention to the programme which the Society offers to you in pursuing your medical education and by offering you the opportunity to meet doctors socially and for medical discussion. A copy of this year's programme is included in your *event bag*.

The Society contains ten sections; Medicine, Surgery, Pathology, Anaesthesia, Odontology, Primary Care, Paediatrics, Psychiatry, Public Health Medicine and Imaging, each with an annual programme of meetings and talks together with a general Society programme.

Student Affiliateship of the Society is open to anyone who is currently undertaking a medical, dental or biomedical degree at The University of Manchester and is FREE. An application form to join is overleaf. As part of my personal encouragement to you to join, you will see that for this event I have personally proposed you for affiliateship.

Yours sincerely

Professor Mark Ferguson
President, 2009-2010



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APPLICATION FOR STUDENT AFFILIATESHIP

SURNAME (block capitals) Mr / Miss / Mrs / Ms

FIRST NAME (block capitals)

I wish to apply to become a Student Affiliate of the Manchester Medical Society.

Applicant's signature Date

Year of study (please tick appropriate box)

1st 2nd 3rd 4th 5th

Term Time Address:

.....

Post Code Tel No

Permanent Address:

.....

Post Code Tel No

All mailing will be sent via email, therefore it is important to notify the Society if your email address changes.

Your Manchester University Student Email address

Your own personal Email address

The Fellow named below has agreed to support my application:

Name of proposer (block capitals)

..... Professor Mark WJ Ferguson

Signature of proposer

.....

**N.B. Please return to : Manchester Medical Society, c/o John Rylands University Library,
Oxford Road, Manchester, M13 9PP**