

# MANCHESTER MEDICAL SOCIETY

(Registered Charity No. 222800)



c/o John Rylands University Library  
Oxford Road  
Manchester M13 9PP

Telephone: 0161 273 6048  
Fax: 0161 272 8046  
University Internal: 53765/66/67  
e-mail: [admin@mms.org.uk](mailto:admin@mms.org.uk)  
[www.mms.org.uk](http://www.mms.org.uk)

November 2011

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 can be found on our website at [www.mms.org.uk](http://www.mms.org.uk)

The Society contains eight active sections; Medicine, Surgery, Pathology, Anaesthesia, Odontology, Paediatrics, Psychiatry 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 Ashley Woodcock OBE  
President, 2011-2012



# MANCHESTER MEDICAL SOCIETY

(Registered Charity No. 222800)

## 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)

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

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 Ashley Woodcock OBE (President of MMS)**

Signature of proposer

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