

If you wish to be put on the email list to receive details about meetings please complete and return the form below:



MANCHESTER MEDICAL SOCIETY
(Registered Charity No. 222800)

APPLICATION FOR STUDENT AFFILIATESHIP

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

I am a Medical/ Dental/Radiography/Other* Student (please indicate)

*Please specify _____

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

FIRST NAME (block capitals)

Please indicate which University are you studying at*:
(*must be based in the North West of England to be eligible for membership)

Your University Student Email address

[We shall use your student email to circulate details of meetings. When booking onto events it is essential to use your student account as proof of your student status]

Your own personal Email address

Year of study (please tick appropriate box)

1st 2nd 3rd 4th 5th

Please enter expected year of graduation: 20..

Applicant's signature Date

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

N.B. Please return to : Manchester Medical Society, c/o Room 4.54 Simon Building, Brunswick Street, Manchester, M13 9PL

Or save the document and email to admin@mms.org.uk