



## Membership Renewal Form

### Your Details:

Mr/Mrs/Miss/Dr/Professor/Other \_\_\_\_\_

Forenames: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel No (Home): \_\_\_\_\_

Tel No: (Work): \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Membership Number \_\_\_\_\_

### Contact Details: *(Please note that the Departmental Address is used as your correspondence address, and must include a box number)*

#### Employees Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Box No:

#### Membership Details *(To be completed by FLC Staff):*

Membership Type: \_\_\_\_\_

Admin Fee\*: \_\_\_\_\_

Pro-Rata Fee: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Payment Method: Payroll/Direct Debit (Delete as Appropriate)

#### **Who are you employed by? (Please tick as appropriate)**

Addenbrookes:

Clinical School/Cambridge University

Medical Research Council

Mental Health Trust

SmithKline Beecham

National Blood Service

Cambridgeshire PCT

Cancer Research UK

Retired

Other \_\_\_\_\_

**\* To be paid only if membership has been lapsed for more than one month.**

### DECLARATION:

The Information that I have given is correct. I agree to abide by the rules and conditions of membership to the Frank Lee Social Club

Signed: \_\_\_\_\_

Date: \_\_\_\_\_