

THE LEEDS AND DISTRICT MEDICO-LEGAL SOCIETY

Application for Membership

Please complete this form and return it by email to the Membership Secretary along with a bank transfer of your relevant subscription fee.

I apply for Membership of the Leeds and District Medico Legal Society.

Name

Address

.....

DX

Email (please print clearly)

Telephone Home Work

Signature

Social Membership for Spouse

Name

Signature

Membership Category:

- | | | |
|--|---------------|----------------------|
| Full (£30) | Retired (£15) | Spouse/partner (£15) |
| Retired or Student Spouse/Partner (£5) | | Student (no charge) |

Method of Payment

Bank Transfer

- Where possible please make all payments to the society by bank transfer.
- Once payment has been made, please email the membership secretary to confirm that this has taken place.
- If bank transfer is not possible please contact the membership secretary to discuss alternative methods of payment.

Bank Transfer Payment Details

Beneficiary's Bank and Branch Name: Barclay's Bank Plc, Park Row Branch, Leeds, LS1 1PA

Sort Code Number: 20-48-95

Beneficiary's Account Number: 80566462

Beneficiary's Name: Leeds & District Medico-Legal Society

Membership Secretary Contact Information

To: The Membership Secretary of the Leeds and District Medico Legal Society

Charlotte North

membershipsecretary@ldmls.org.uk