

First Floor, The Houses, 16-18 Blackfriars Lane, London. EC4V 6EB.
www.samf.org.uk Tel 07771 300410

Founded in 1788 as *The Society for Relief of Widows and Orphans of Medical Men*

PROPOSED MEMBER'S DECLARATION

I hereby declare that I would like to become a Member of the Society for Relief of Widows and Orphans of Medical Men, and that I am in good health. *

BLOCK CAPITALS PLEASE

Name	
Qualifications	
Medical School	
GMC Registration Number	
Date of Birth	
Place of Birth	
Address	
Email address	
Spouse's Name	
Spouse's Date of Birth	
Children (Names and D.O.B)	
Signature	
Date	

* If **not** in good health, list illnesses overleaf or on separate paper. Also, please provide the name and address of your usual medical attendant and your consent for us to approach him/her for details about you.

Society for Assistance of Medical Families



Registered Charity no. 207473

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CERTIFICATE

We, whose names are set out below, do from our personal knowledge recommend (name of person proposed for membership)as of good health, and a proper person to become a Member of the Society for Relief of Widows and Orphans of Medical Men.

Proposers

	Proposer 1	Proposer 2
Name		
Address		
Email address		
Signature		
Qualifications		
Post Held		
GMC Registration Number		
Date		

The Society reserves the right to require a medical examination before accepting an applicant into membership.

Proposers do not need to be members themselves, but are strongly encouraged to join the Society. They must, however, feel able to assert that the person proposed is in good health and is otherwise a suitable applicant.

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Declaration

I declare that the particulars given on this form, are a true statement of my circumstances	<input type="checkbox"/> Y <input type="checkbox"/> N
I consent to receive email communication from SAMF and communicate with SAMF by email	<input type="checkbox"/> Y <input type="checkbox"/> N
I consent to SAMF Trustees and staff processing and storing my personal data both provided on this form and included in any communication from me or from my referees	<input type="checkbox"/> Y <input type="checkbox"/> N
I confirm that I have read the Privacy Policy and understand how my Personal Data will be collected, used and stored	<input type="checkbox"/> Y <input type="checkbox"/> N
I am aware that SAMF may investigate and may take further action on any application that appears fraudulent or is considered to be deliberately misleading.	<input type="checkbox"/> Y <input type="checkbox"/> N

Signed..... Date.....

SAMF confirms that it holds all data it receives securely and in accordance with Data Protection principles. SAMF is registered with the Information Commissioner: Reg.no. Z8236493

Please return forms to: First Floor, The Houses, 16-18 Blackfriars Lane, London, EC4V 6EB
Tel 07771 300410 Email: info@samf.org.uk www.samf.org.uk