

Society for Assistance of Medical Families



Registered Charity no. 207473

First Floor, The Houses, 16-18 Blackfriars Lane, London. EC4V 6EB.

www.samf.org.uk Tel 07894 299755

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

MEMBER APPLICATION AND DECLARATION

BLOCK CAPITALS PLEASE

Full Name (including title)	
GMC Registration Number	
Do you need immediate help?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address	
Contact number	
Date of Birth	
Place of Birth	
Registered Qualifications	
Specialty	
Address (House No & Street)	
Town	
County	
Postcode	
Medical School	
Date of Graduation	
Current Role	
Spouse's Name	
Spouse's Date of Birth	
Children (Names and D.O.B)	

Please return forms to: First Floor, The Houses, 16-18 Blackfriars Lane, London, EC4V 6EB
Tel 07894 299755 Email: info@samf.org.uk www.samf.org.uk

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Declarations

Do you know of any circumstances which have or may affect your ability to work? If yes, please provide more details.	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you had, or do you have pending, any dispute, regulatory, disciplinary or litigation issues? If yes, please provide details.	<input type="checkbox"/> Y <input type="checkbox"/> N
I hereby declare that I would like to become a Member of the Society for Assistance of Medical Families.	<input type="checkbox"/> Y <input type="checkbox"/> N
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 for the purposes of member communications and the administration of SAMF	<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, my doctor, or other healthcare professionals	<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
I would like my name and county location to be visible on the Annual List of Members, available only to the fellow Members	<input type="checkbox"/> Y <input type="checkbox"/> N
I agree to Gift Aid my subscription fee and any other donations I might make now or in the future to SAMF <i>(I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference)</i>	<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 and the Privacy Policy is available on the SAMF website. SAMF is registered with the Information Commissioner: Reg.no. Z8236493