

SCOTTISH SOCIETY OF PHYSICIANS

**ORDINARY MEMBERSHIP PROPOSAL FORM**

 Ordinary members shall be Physicians of Consultant status. Staff Grades, Associate Specialists and Core and Higher Specialty Trainees in medical specialties are also eligible for membership.

Any qualified Nurse and Allied Health Professionals with an interest in medical specialties are also eligible for Associate membership.

 Please return this form to Stephanie Hough, Society Administrator, Scottish Society of Physicians, Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh, EH2 1JQ

**Title: ……….…First name: ..…………………………………Surname: ………………………………...**

**Home Address: …….……………..………………………………………………………..……………….**

 **………………..……………………………………………………………………...........**

**Work Address: ………………………………………………………………………………………...........**

 **…………………………………………………………………………………………………**

**Work E-Mail Address:……………………………………………………………………………………...**

**Home E-mail Address: …………………………………………………………………………………….**

**Preferred Contact Method: WORK HOME**

**Speciality: ……………………………………………………………………………………………...**

**Sub-speciality (if any): ………………………………………………………………………………..**

**Date of Birth: ………………………………**

**Qualifications: …………………………………………………………………………………………**

**Present Appointment(s): ……………………………………………………………………………...**

**Publications (not more than 3; continue overleaf):**

 **Data Protection: Your membership details will be stored on a database at the Royal College of Physicians of Edinburgh (RCPE) in compliance with the General Data Protection Regulation (GDPR) and accessed only by administrative staff working on behalf of the Scottish Society of Physicians for the purposes of administering your membership to the above society.**

**I wish to receive future emails about Scottish Society of Physicians events**