

Individual Membership

Surname:
Forename:
GMC Number:
Telephone Number:
E-mail Address:

Surgery:
1st Line Address
2nd Line Address
3rd Line Address
County Postcode

Please tick which membership you are applying for

Individual Membership £120

Concessionary Rate Membership £60 I declare that I am NOT a higher rate (40%) tax payer

Nurse Practitioner Membership £120

Stroud Education Group Membership £60

Practice Membership

£100 per applicant when ALL practice doctors and nurse practitioners join together

Surgery Name:Email prefix@
Name (1):GMC No.....
Name (2):GMC No.....
Name (3):GMC No.....
Name (4):GMC No.....

(Please continue over page if more than four applicants)

Method of Payment

I wish to pay for membership by (please tick)

CHEQUE I enclose a cheque for the sum of £
BACS payment Date of Transfer: Amount of Transfer: £
GGPET Bank Lloyds TSB Account name : GGPET
Details Sort code: 30-95-72 Account no: 02310869

The information given above will be stored on computer and I consent to the Gloucestershire GP Education Trust holding this information

Signature:..... Date:.....

Please return form to: GGPET , c/o Department of Medical Education, Sandford Education Centre, Keynsham Road, Cheltenham, Glos. GL53 7PX.