

**MEDICAL SCREENING SOCIETY
APPLICATION FOR MEMBERSHIP**

Please fax to 44 (0) 20 7882 6270

NAME OF APPLICANT

POSTAL ADDRESS OF APPLICANT:

FAX NUMBER:

EMAIL:

STATEMENT OF SCREENING ACTIVITIES/AFFILIATIONS

NAME OF PROPOSER (If available – please consult Membership list)

NAME OF SECONDER (If available – please consult Membership list)

SIGNATURE

If your application is accepted you will be invoiced for £80 membership.