



The GPs' own charity

The **Cameron** Fund

APPLICATION FOR MEMBERSHIP

Surname

Forename(s)

Private Address

Postcode

Job Title - *for Associate Membership only*

Practice (or LMC) Address

Postcode

Year of first registration with General Medical Council - *for full GP Membership only*

Registered Qualifications

With which CCG are you, or have you been, in contract?

Email Address

I hereby apply for membership of the Cameron Fund Ltd and agree to receiving official communications and information by email

Signed

Date
