

# Scottish Society for Rheumatology Application for Membership



**PLEASE COMPLETE AND RETURN, TOGETHER WITH  
THE 2 REQUISITE SIGNATURES AND  
A COMPLETED STANDING ORDER FORM, TO:**

Registered Charity  
SC 032028

Education and Standards Department (Christina Gray)  
Royal College of Physicians  
9 Queen Street, Edinburgh EH2 1JQ  
Tel: 0131 247 3607 Fax: 0131 220 4393 Email: c.gray@rcpe.ac.uk  
Switchboard Tel: (24 hours) 0131 225 7324

**PLEASE USE BLOCK CAPITALS THROUGHOUT THE FORM**

**Name (Title - Professor, Dr, Mr, Mrs, Miss, Ms - First Name, Last Name):**

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**Position and/or Job Title:** .....

**Home Address (including postcode):** .....

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**Work Address (including postcode):** .....

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**PREFERRED ADDRESS FOR SSR TO USE (WORK or HOME)** .....

(communication will be by email but a reliable ordinary mailing address may occasionally be used)

**Tel No:** ..... **Email:** .....

**If Consultant, year of first substantive Consultant appointment:** .....

**Membership/participation in other professional medical organisations/societies/Royal Colleges:**

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**Your nomination should be made by 2 current members of the Society.**

**Print full names in block capitals.**

Nominated by (1) .....

Signature .....

Nominated by (2) .....

Signature .....

We are anxious to contact all eligible doctors and healthcare professionals in Scotland who might be interested in joining the Society. Please state the name, ordinary mailing address, and if possible email address, of any such person. We will then check our existing membership list and, if necessary, contact them.

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**PLEASE RETURN TO THE ADDRESS ABOVE, WITH THE STANDING ORDER FORM**