



Scottish Posture and Mobility Network

CORPORATE MEMBERSHIP APPLICATION/RENEWAL FORM

Organisation/Company Name:

Address:

.....

..... Post Code:

Telephone No: Fax No:

E-mail:

Role of Organisation/Business of Company:

.....

Number of Members/Employees:

Details of Contact Person

Title (Mr, Mrs, Dr etc.): First Name(s):

Surname:

Profession/Position in Organisation/Company:

Signature: Date:

New Application Yes/No (please delete)

Renewal of Membership Yes/No

Please return completed forms to: **Dr P Harper**
Hon. Treasurer SPMN
Inveresk
272 Milton Road East
EDINBURGH,
EH15 2PQ

Membership Fee - £40 Charities £60 Companies

Please make cheque payable to **'Scottish Posture and Mobility Network'**

N.B. Corporate membership allows the organisation/company to send 3 representatives to an SPMN meeting at the member's rate. The 3 representatives can be different from meeting to meeting. The person named on the above form will be considered the contact person to whom all correspondence will be sent. The organisation/company has 1 vote at the AGM. *Formerly SSWG*