



INDIVIDUAL MEMBERSHIP APPLICATION/RENEWAL FORM

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

Surname.....

Address.....

.....PostCode.....

Telephone No. Work.....Ext..... Direct Dial.....

Fax..... E Mail.....

Profession..... Present Position.....

Institution/Organisation.....

Responsibility/Area of Interest.....

Qualification(s)/Degree(s).....

Membership of other Professions; Bodies.....

Signature..... Date.....

New Member Yes/No (please delete) Renewal of Membership Yes/No

Please return completed form to:

Dr P Harper
Hon. Treasurer SPMN
Inveresk,
272 Milton Road East,
Edinburgh,
EH15 2PQ

Membership Fee - £7 ordinary

Please make cheque payable to "Scottish Posture and Mobility Network"