



Scottish Posture and Mobility Network

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

Membership Fee - £15 ordinary

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