

The Society for Relief of Widows and Orphans of Medical Men

Charity No. 207473

FOUNDED 1788

Telephone 01234 217522

LETTSON HOUSE, 11 CHANDOS STREET, CAVENDISH SQUARE, LONDON W1G 9EB

PROPOSED MEMBER'S DECLARATION

I hereby declare that I would like to become a Member of the Society for Relief of Widows and Orphans of Medical Men, and that I am in good health.*

BLOCK CAPITALS PLEASE

Name.....	Spouse'sName.....
Qualifications.....	Spouse's date of Birth.....
Medical School.....	Children.....
Medical Registration No.....	(Names
Date of Birth.....	and.....
Place of Birth.....	D.O.B.).....
Address.....	Signature.....
.....	Date.....
.....	

* If **not** in good health, list illnesses overleaf or on separate paper. Also, please provide the name and address of your usual medical attendant and your consent for us to approach him/her for details about you.

CERTIFICATE

We, whose names are set out below, do from our personal knowledge recommend (name of person proposed for membership).....as of good health, and a proper person to become a Member of the Society for Relief of Widows and Orphans of Medical Men.

Proposers

1.Name.....	2.Name.....
Address.....	Address.....
Signature.....	Signature.....
Qualifications.....	Qualifications.....
Post held.....	Post held.....
Registered Medical Practitioner	Registered Medical Practitioner
Date.....	Date.....

The Society reserves the right to require a medical examination before accepting an applicant into membership.

Proposers do not need to be members themselves, but are strongly encouraged to join the Society. They must, however, feel able to assert that the person proposed is in good health and is otherwise a suitable applicant.)