



Application Form

Criteria For Membership

Membership is only available to doctors with a registerable qualification in the UK. All doctors with an interest in musculoskeletal medicine are welcome to join.

There are two levels of subscription please circle:

1. "Ordinary" - for members with an interest in the subject, £85 pa plus £30 if you wish your details to be entered on the referral page of the BIMM website.

2. "Higher Rate" - for members earning more than £10,000 pa from Musculoskeletal practice, £195 pa. (Including entry on the web site if desired).

Please complete the form below:

Title.....Name and Initials

Surname.....

Registerable Qualifications.....

G.M.C.no

Practice Home

Address..... Address.....

.....

.....

Post Code Post Code.....

Telephone No..... Telephone No.....

Fax No..... Fax No.....

E-mail..... E-mail.....

Over/.....

Type of Practice:

NHS GP (single handed / partnership)

Hospital (state grade).....

Private Practice (GP / Consulting).....

Occupational Medicine.....

Other

Please give a brief C.V. (indicating type of practice and time spent in each).

Please state your interest and/or experience in Musculoskeletal Medicine (including how you initially got involved).

Please state how you first heard of BIMM.

Signed..... Dated.....

Please return to BIMM, PO Box 1116, Bushey, Herts. WD23 9BY, together With completed direct debit.

Membership cannot be accepted without completed direct debit.