



# Malayali Medical Association (UK)

## Membership Application Form

### ***Applicant details***

Title .....

First Name .....

Surname .....

Address .....

Post Code ..... Tel No .....

Email .....

### ***Standing Order form***

TO:

Name of Bank .....

Bank address .....

Post Code .....

Please pay £50 (Fifty Pounds) in favour of **Malayali Medical Association (UK)** every year on the 10th of October until further notice. This cancels all previous Standing Orders in favour of Malayali Medical Association (UK).

MALAYALI MEDICAL ASSOCIATION UK  
Account Number: 0655348  
Sort Code: 30 94 44  
Lloyds Bank, Hull Branch, 2 Silver Street, Hull. HU1 1HX.

Please quote Reference -

FROM:

Account Name .....

Account Number..... Sort Code .....

Your Initials and Surname .....

Your Signature .....

Date .....

### ***Please return this form to:***

Dr. R.K George  
188 Carlton Avenue West  
North Wembley  
London  
HA0 3QX  
who will forward the standing order form to the Bank.