



APPLICATION FOR FELLOWSHIP / MEMBERSHIP (delete one)

Surname Forenames

Title Qualifications

Date of Birth GMC No.

University Graduated from and date

Home Address

Telephone Fax

E-mail

Current Appointment

Work Address

Telephone Fax

E-mail

Specialist Register Trainee Other Other (please state)

Please enclose with this application a copy of your full up-to-date C.V. and a letter describing your involvement with Sport and Exercise Medicine.

2010 Fees: FELLOWS FEE £280.00 or MEMBERS FEE £220.00 PER ANNUM ENCLOSED

Cheques should be made payable to 'FSEM (UK)'

I hereby request the Council of the Faculty of Sport and Exercise Medicine to recommend my name for election as a Fellow / Member (delete as appropriate) at the next Council Meeting. If elected, I promise to abide by the Rules and Regulations of the Faculty as set out by the Faculty, or such amendments which from time to time may be approved in accordance with the Council of the Faculty. I also agree to maintain my registration on the relevant specialist list and to inform Council of any change in circumstances, which may affect my elected status.

Signature Date

We the undersigned Fellow(s) of the Faculty of Sport and Exercise Medicine (UK) do hereby certify that:

(Name) of

is, in our estimation, a fit person to be elected as a Fellow/Member of the Faculty and satisfies the criteria for Fellowship/Membership.

Name: Signature: Date:

Name: Signature: Date: