

## Membership application form

Please send to:  
Ukrainian Medical Association of the UK (UMAUK)  
c/o The Ukrainian Institute,  
79 Holland Park,  
London W11 3SW

Please enclose a cheque for membership

### PLEASE COMPLETE IN BLOCK CAPITALS

***My details are as follows:***

Title\*: \_\_\_\_\_

Surname\*: \_\_\_\_\_ Forename\*: \_\_\_\_\_

Address 1\*: \_\_\_\_\_

Address 2: \_\_\_\_\_

Postcode\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile telephone: \_\_\_\_\_

Profession\*: \_\_\_\_\_ Year of qualification: \_\_\_\_\_

Institution\*: \_\_\_\_\_

GMC/NMC number or equivalent\*: \_\_\_\_\_

Current post: \_\_\_\_\_

Research interests: \_\_\_\_\_

Membership: (please circle as appropriate) Ordinary / Student

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

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\*obligatory fields – applications will not be accepted without this information

Please send us a cheque for **£20** made payable to:  
***Ukrainian Medical Association of the United Kingdom***