



## Herts Urgent Care Membership Application Form

I wish to become a member of the Community Benefit Society

Name: \_\_\_\_\_

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

\_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Category of membership you are applying for:

1. Doctor/Clinician Member
2. Community Member
3. Staff Member
4. Stake Holder Member

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return your completed application form to:

Margaret Hickman  
Director of Community Involvement  
Herts Urgent Care  
The Old Ambulance Headquarters  
Ascots Lane  
Welwyn Garden City  
Herts AL7 4HL