

**THE WESSEX G.P. EDUCATIONAL TRUST**  
( A Registered Charity)  
**MEMBERSHIP OF THE TRUST FOR THE YEAR ENDING 31<sup>ST</sup> MARCH 2013**

Name  
Address

G.M.C. No.  
PCT or Category of GP  
Home Postgrad. Ctre.

Email address

**PRIMARY CARE GENERAL PRACTITIONERS**

I wish to join the Trust to enable me to attend approved activity underwritten by the Trust.

**For GPs with Gross Professional Income of £35,000 pa. or above**

I enclose a cheque for **£170.00** payable to The Wessex GP Educational Trust

**For GPs with Gross Professional Income of less than £35,000 pa.**

I enclose a cheque for **£85.00** payable to The Wessex GP Educational Trust

Please indicate if one of the following categories of GP:

GP Retainee	Locum GP	Salaried GP	Armed Forces	Returner Scheme	Flexible Career Scheme	GP Registrar
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please specify)

**HONORARY MEMBERS**

I wish to apply for Honorary Membership because I am:

Fully Retired

Not Employed

An "Educator"

(Ass. Director, GP Tutor or Course Organiser)

**N.B. Honorary Members will not be financed to attend independent or Out-of-Area courses and are not entitled to vote at the Annual General Meeting**

I understand that the information given above may be stored on the Trust's computer and I consent to this together with information on attendance at accredited events subject to it being for its own use only.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to:

**Trust Administrator  
The Wessex GP Educational Trust  
Canada House  
1 Carrick Way  
NEW MILTON  
BH25 6UD**