PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

MEMBERSHIP ENROLMENT FORM

| | For use by Individual Members |
|-----------|---|
| Kindly co | omplete and return as indicated below. Please print your details. |
| 1. F | ull Name: |
| 2. F | ull Address: |
| 3. E | mail/Telephone/Fax: |
| I, the ab | ove-named, hereby apply for enrolment as a registered Member of the Patients' Forum Ambulance Services (London) Ltd. |
| 4. S | ignature: |
| 5. D | ate of Application: |
| | s shall be entitled to attend meetings of the Patients' Forum and vote thereat. ship fee is £10.00 per annum and cheques should be made payable to the |
| | Forum Ambulance Services (London) Ltd. |
| Patients | pleted enrolment form must be lodged with the Registered Office of the Forum: John Larkin, Company Secretary, 6 Garden Court, Holden Road, de Park, London, N12 7DG |
| | lease let the Forum know if you have skills and experience that could support to development of the Forum. |
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