



LIVERPOOL MEDICAL INSTITUTION

114 Mount Pleasant, Liverpool, L3 5SR

A REGISTERED CHARITY No. 210112

MEDICAL/DENTAL STUDENT AFFILIATESHIP

Detach the application form
and return it to:

**The Honorary Secretary
Liverpool Medical Institution
114 Mount Pleasant
LIVERPOOL
L3 5SR**

Liverpool Medical Institution
114 Mount Pleasant
Liverpool
L3 5SR

Tel: (0151) 709 9125
Fax: (0151) 707 2810
Email: admin@lmi.org.uk
Web address: <http://www.lmi.org.uk>





ARE YOU A MEDICAL STUDENT AT THE UNIVERSITY OF LIVERPOOL?

If you are presently a Medical Student at the University of Liverpool you are eligible to become a Student Affiliate of the Liverpool Medical Institution.

WHAT CAN THE LIVERPOOL MEDICAL INSTITUTION OFFER YOU?

- access to a superb collection of historical books for reference use
- 45 journal titles with extensive back runs of bound volumes
- assistance from professional librarians
- a fascinating programme of Thursday evening lectures

Vehicles must not be left in the car park if not attending the library

WHEN IS THE INSTITUTION OPEN?

The Library is open from 9.30am to 5.30pm Monday to Friday

Times of evening meetings and daytime courses are announced separately via E-mail.

WHO CAN BE A STUDENT AFFILIATE?

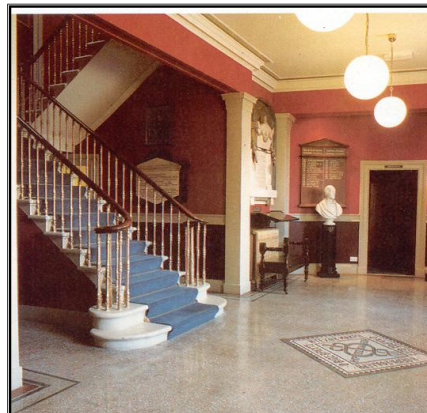
Affiliateship is available **free of charge** to anyone who is currently undertaking a medical or dental degree at the University of Liverpool.

HOW TO APPLY

Complete the application form on the right and detach and return it to the address overleaf. You will need to find a Member (not an Affiliate) to propose you. If you have difficulty in finding a proposer, the Institution Office may be able to help.

FOR FURTHER INFORMATION

Contact the Institution either by telephone (0151) 709-9125 or fax (0151) 707-2810 or write to us at the address given overleaf.



APPLICATION FOR MEDICAL/DENTAL STUDENT AFFILIATESHIP LIVERPOOL MEDICAL INSTITUTION

I wish to become a Student Affiliate of the Liverpool Medical Institution.

Mr Miss Mrs

Forename(s)

Surname

Signature of Applicant

Date

Year of Study: 1st 2nd 3rd 4th 5th PRHO

Degree: Medical Dental

❖ Term Time address

.....

.....

Post Code Mobile

❖ Permanent address

.....

.....

Post Code Tel

All mailings will be sent via E-mail (please notify the Institution if your address changes)

E-mail:

Alternative E-mail:

.....

The Member named below has agreed to support my application.

Name of Proposer (IN BLOCK LETTERS)

.....

Signature of Proposer

Please turn over