

## **Professional Membership Application**

Thank you for supporting PMRGCAuk. Professional membership is open to consultants, registrars, GPs, registered nurses, pharmacists, chartered physiotherapists, ophthalmologists and medical students, with an interest in PMR and/or GCA.

To join, please complete and send this form to BM PMRGCAuk, London, WC1N 3XX or prof.membership@pmrgca.org.uk

As a member, we will invite you to our Annual Members' Day & AGM, send you a copy of NewsWire magazine three times a year and keep you up-to-date with what the charity is doing to further its work.

Title (Prof, Dr, Ms, Mr et	C.)
First name	
Surname	
Postal address	
Email address	
Telephone number	
Job title	
Place of work	
Mailing preference: Post only: ☐ Email only: ☐ Both: ☐	
Please tell us how you first heard about PMRGCAuk:	
I am interested in:	
☐ Receiving an info	rmation pack about PMRGCAuk
Receiving leaflets for my patients  Number requested	
☐ Receiving A5 po Number	ters to display requested:
	with any Support Groups or Meet Ups near me
☐ Speaking at a PMRGCAuk meeting	

Please note that PMRGCAuk will not divulge your information to any person or group without your express permission.