

Promotional Code:  
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Individual

Family

Application/Renewal

*Please select the membership type you require:*

**\*Please note ALL family members must reside at same address**

**MAIN APPLICANT**

First Name:	Last Name:	Title: Mr/Mrs/Miss/Other:
Home Address:		
Town:	City/County:	Post Code:
Home Tel:	Mobile:	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F
Date of Birth: / /	Email:	
Registered GP – Name & Surgery Address (Optional):		Tel:

For **Family Membership** please enter family members below:

**APPLICANT 2**

First Name:	Last Name:	Title: Mr/Mrs/Miss/Other:
Date of Birth: / /	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Email:
		Mobile:

**APPLICANT 3**

First Name:	Last Name:	Title: Mr/Mrs/Miss/Other:
Date of Birth: / /	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Email:
		Mobile:

**APPLICANT 4**

First Name:	Last Name:	Title: Mr/Mrs/Miss/Other:
Date of Birth: / /	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Email:
		Mobile:

**APPLICANT 5**

First Name:	Last Name:	Title: Mr/Mrs/Miss/Other:
Date of Birth: / /	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Email:
		Mobile:

**APPLICANT 6**

First Name:	Last Name:	Title: Mr/Mrs/Miss/Other:
Date of Birth: / /	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Email:
		Mobile:

**APPLICANT 7**

First Name:	Last Name:	Title: Mr/Mrs/Miss/Other:
Date of Birth: / /	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Email:
		Mobile:

**PAYMENT DETAILS**

Credit Card Details Below     
  Cheque Enclosed (Payable to "JDoc")     
  Standing Order

Visa     
  Mastercard     
  Switch / Maestro

Card No:	<input style="width: 90%;" type="text"/>
Start Date:	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
Expiry Date:	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
Security Code:	<input style="width: 20%;" type="text"/>
Issue No:	<input style="width: 20%;" type="text"/>
Total Amount:	£ <input style="width: 20%;" type="text"/>
House Number*:	<input style="width: 20%;" type="text"/>
Post Code*:	<input style="width: 20%;" type="text"/>

*\*House number and postcode of the address the card is registered to*

Please send the completed form and payment to JDoc, PO Box 48572, London NW4 9BN or by fax to 02084574512

**\*For additional family members, use additional forms and mark appropriately.**