

NORFOLK & NORWICH BENEVOLENT MEDICAL SOCIETY
(Registered Friendly Society 560F)
www.nnbms.org.uk

Membership of the Norfolk & Norwich Benevolent Medical Society is open to doctors practising in Norfolk. The Society was established in 1786 by Edward Rigby and is a registered Friendly Society. The object of the Society is to give financial help to those of its members or their dependents whose circumstances require it. Benefits are at the discretion of the Management Committee of the Society.

The Society is unique in Great Britain and may provide a considerable benefit for Norfolk doctors and their families. Membership represents exceptional value at small cost; compare the annual subscription of £15 with the annual premiums paid for commercial insurance, such as permanent health insurance. Even if your personal circumstances suggest that you are unlikely to need financial assistance in the future you may nonetheless wish to be associated with this long established Society helping Norfolk doctors and their families.

Candidates for membership must be registered medical practitioners practising in the County of Norfolk and will not normally have been registered for more than twenty-five years.

Membership applications are to be proposed by other members and are subject to approval by the Management Committee.

If you are eligible for membership and wish to join the Society the application form below should be completed and sent to the Chief Executive at the address below together with your cheque for £15 made payable to the Society. A banker's order form will be supplied after election to full membership, and your application for provisional membership will be considered at the next meeting of the Management Committee (generally held 3-4 times a year) of the Society with full membership to be approved at the Annual General Meeting of the Society held in the summer of each year.

PHILIP NORTON
 Chief Executive
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I hereby apply for membership of the Norfolk & Norwich Benevolent Medical Society

Name	Date of Commencing
	Practice in Norfolk
Home Address	Date of Full Registration
.....	Professional Address
.....
.....
Your Signature	Name and address of Proposer
.....
Date