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APPLICATION FOR ACUMEDIC CLUB MEMBER

Surname.....Forename.....Title: (Ms/ Mr/ Dr).....

Address.....

.....Postcode.....

Home Tel..... Email.....

Cost £30.00

I understand that this payment will entitle me to receive 10% on products and books except on items already discounted and/or on special offer. I understand that my membership to the AM Club will be for life provided I spend a minimum of £200 per annum.

After completion of this form a membership card will be posted to me

Please charge my credit card for £30.00

Card no:..... exp date Month / Year ___ / ___

Cheque enclosed £ 30.00

Signature..... Today's date.....