



# LSCASH

London Society for Contraception and Sexual Health

## Membership Application

Please check that your details are all correct

**First name**

**Family name**

**Doctor / Nurse**

**Surgery / Clinic**

**Contact telephone number**

**Email address**

**Membership number**

**Address on records**

**Action required**

Could you please return the SO form for your 2019 membership fees (£40 payable annually) or pay by cheque / cash / bank transfer.

Shonda Powell

**And return to: Shonda Powell, Suite 313, 179 Whiteladies Road, Bristol BS8 2AG**