

Graduate Application Form

Please complete in **BLOCK CAPITALS**



Personal Details

Student Membership Number. (if applicable)

Surname

Title

Forename (s)

Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
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Gender

(Please tick)

Male

Female

University

Month & Year of Graduation

M	M	/	Y	Y	Y	Y
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Pre-Graduation email address

Pre-Graduation address for correspondence

Postcode:

Tel:

Post-Graduation email address

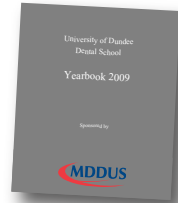
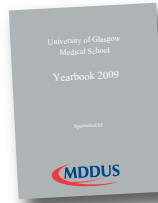
Post-Graduation address for correspondence

Postcode:

Tel:

FREE Yearbook when you join MDDUS

Receive a Free Yearbook when you join MDDUS for Graduate Membership



Job	(Medical)	F1	<input type="checkbox"/>	Armed Forces	<input type="checkbox"/>
Job	(Dental)	VDP	<input type="checkbox"/>	GPT	<input type="checkbox"/>
				HO	<input type="checkbox"/>
				Armed Forces	<input type="checkbox"/>

Declaration

I confirm that I would like to apply for MDDUS membership. I understand that my membership is subject to the terms and conditions of the MDDUS Memorandum and Articles of Association. Please see the data protection information as detailed overleaf.

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Instructions to your bank/building society to pay direct debit

Please return to MDDUS, Mackintosh House, 120 Blythswood Street, Glasgow, G2 4EA

Name and full postal address of your bank/building society. Banks and building societies may not accept direct debit instructions from some types of accounts.

Name(s) of account holder(s)

Name and full postal address of bank or building society

Postcode

Office use:

COST OF MEMBERSHIP IS £ 10.00

Reference number

Member name

Branch sort code

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Bank/building society account number

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Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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The MDDUS will hold the information you provide on its system for administration of your membership, claims handling, marketing, risk assessment and advisory purposes. We may disclose the information to legal or other advisors and other defence organisations as part of our advisory and claims handling process, your personal information may be transferred abroad.

In order to provide you with the best possible service, we would like to inform you of other products and services offered by us which we believe may be of interest to you. If you do not wish your information to be used for this purpose please tick here

I confirm that I would like to apply for MDDUS graduate membership. The MDDUS is not an insurance company. The benefits of membership with MDDUS are discretionary and are all subject to the Memorandum and Articles of Association.

Signature:

Date: / /

MDDUS
Mackintosh House
120 Blythswood Street
Glasgow G2 4EA

London Office:
1 Bell Yard
London
WC2A 2JR

0845 270 2034
www.mddus.com

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