

# MDDUS STUDENT MEMBERSHIP

Application for **FREE** Membership



Please complete in **BLOCK CAPITALS**

Title	
Forename	Surname
Date of Birth     /     /	Gender     Male <input type="checkbox"/> Female <input type="checkbox"/>
Term Address <span style="float: right;">Preferred Correspondence Address <input type="checkbox"/></span>	Family/home Address <span style="float: right;">Preferred Correspondence Address <input type="checkbox"/></span>
Postcode	Postcode
Email Address	
University	Course     Medical <input type="checkbox"/> Dental <input type="checkbox"/>
Year of graduation    20 __ __	Current Year of study    Pre Med/Den <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

## Data Protection Act

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 this information, within the UK or abroad, to legal or other advisors and other defence organisations as part of our advisory and claims handling process. 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 service please tick this box.

You have the right to apply for a copy of your file (for which we may charge a small fee) and to have any inaccuracies corrected.

As a student member of the MDDUS you can apply for indemnity for your elective, free of charge, by contacting our Membership Services Department on 0845 270 2038 with the details of where and when you are going abroad.

Signature	Date
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