



FRIENDS OF PARK SURGERY

I/We wish to enrol in The Friends of Park Surgery

Name: _____

Mr, Mrs, Miss, Ms.

Address: _____

Phone No: _____

Email Ad: _____

I/We enclose the sum of £ _____

This section will be returned to you when you join:

Thank you for joining "The Friends" and for your donation. A receipt for which is enclosed together with your membership card.

Received with thanks: _____

Date: _____ Membership Card No: _____

Signed : _____

Membership Committee

MEMBERSHIP OF THE FRIENDS OF PARK SURGERY

1. Membership of "The Friends" is open to all patients registered with Park Surgery.
2. "The Friends" is a voluntary Patient Participation Group and is run by a committee consisting of Doctors, Practice Staff and Patients of Park Surgery.
3. "The Friends" arrange talks on medical and other topics which are of interest to members and have included "Doctors Question Time".
4. "The Friends" provide feedback to the surgery which has become recognised as a desirable and positive way of improving health care.
5. "The Friends" have purchased a great deal of equipment as required by our medical staff of Doctors and Nurses.

When you become a member of "The Friends of Park Surgery" you will receive three newsletters each year, in February, June and October. These give up-to-date surgery information, details of fundraising activities, results of our Private Members Draw and general medical information written by Doctors and Surgery Staff. Some speakers have also contributed useful information.

The annual subscription is set at a minimum per person of £5, although many members pay more. All money collected is paid into a fund necessary to maintain the various activities of "The Friends" and we are a **Registered Charity**.

Over seventy members help with Newsletter delivery and others arrange our regular coffee mornings. If you are able to offer your services to us in any way, please contact us. We appreciate that some members will be unable to assist, due to work or poor health, but we do need more help.

**PLEASE COMPLETE THE FORM OVERLEAF AND
HAND TO RECEPTION**