



*Petition for Election as a Member*

I.....

request that my name be placed before the Council of the Royal College of Surgeons of Edinburgh for election as a Member, having passed the MHKICBSC examination.

Signature.....

Date.....



*Please complete and return with petition*

TITLE Mr / Mrs / Miss / Ms / Dr / Professor (please circle)

FULL NAME  
(for Diploma)

\_\_\_\_\_

UPPER CASE LETTERS

POSTAL ADDRESS  
(for intimation  
of election)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

EMAIL

MOBILE NUMBER

HOME NUMBER

**MHKICBSC**