

**MEDI PACT 2000 MEMBERSHIP - AGREEMENT**

I, the undersigned, have read carefully and understand and agree to abide by the Rules of **Medipact 2000** Membership.  
 (All adults must sign)

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

When fully completed, please return the 5dd\Whcb:cfa and Signed Agreement, preferably with appropriate payment, to the Practice Manager at either L'Aumone Surgery or St. Sampson's Medical Centre. *Please make cheques payable to L'Aumone and St.Sampson's Practice.* You will in due course receive acknowledgement and your original forms will be returned for your reference and safe keeping.

|   |          |                    |               |
|---|----------|--------------------|---------------|
| <b>For office use only</b>  |          |                    |               |
| Application received (date)   | _____    |                    |               |
| Payment attached  | Yes / No | If Yes - sum _____ | Cash / Cheque |
| Receipt given   | Yes / No |                    |               |
| Application accepted (date)   | _____    |                    |               |
| Membership with effect from   | _____    |                    |               |
| For the period until  | _____    |                    |               |
| For the following people  | _____    |                    |               |
|   | _____    |                    |               |
|   | _____    |                    |               |
|   | _____    |                    |               |
|   | _____    |                    |               |
|   | _____    |                    |               |
|   | _____    |                    |               |
| Signed:   | _____    |                    |               |
| For and on behalf of the Partners of LAumone and St. Sampson's Medical Practice |          |                    |               |