



National Association of Trainers in General Practice

MEMBERSHIP APPLICATION FORM

*Please complete in **BLOCK CAPITALS***

First Name & Surname	
MCRN	
Training Scheme	
Phone Number	
Email address	
Address (or Practice Stamp)	
Eircode	

I wish to apply for membership of NATIGP.

I give permission for NATIGP to process and hold my data in accordance with General Data Protection Regulations and for NATIGP to contact me regarding trainer issues.

Signed: _____

Completed forms can be emailed to: natigeneralpractice@gmail.com

*Or posted to **Dr Mike Thompson, Secretary NATIGP, Imokilly Medical Centre, Midleton, Cork P25V180***