



Membership No.

Friends of Park Surgery

The Membership Secretary  
Friends of Park Surgery  
Albion Way  
Horsham RH12 1BG

I/We wish to renew membership of FOPS and enclose my/our subscription \_\_\_\_\_  
(minimum £1.00 per annum).  
Please make cheques payable to Friends of Park Surgery

Name (CAPITALS PLEASE) Mr/Mrs/Miss/Ms \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Telephone no. \_\_\_\_\_

Mobile no: \_\_\_\_\_

If you consent for the practice to text your mobile regarding appointments e.g. to remind you of an appointment (this service is under development) please tick here

Signature. \_\_\_\_\_

E-mail (please complete if you consent to being part of our Patient Response Group who will be sent questionnaires about practice services from time to time)  
\_\_\_\_\_

If you would like the newsletter e-mailed to you, please tick the box

Please hand in or send to Park Surgery

If you do not require a Receipt and Membership Card, which is now one document, please tick the box



Membership No.  
Appendix III

Friends of Park Surgery

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