



Membership Application Form

Name _____

Address _____

Town _____

Telephone _____

email _____

Medical Council Registration Number _____

I would like to apply for membership in TheSYNAPSE Direct. I agree to abide by the terms and conditions listed in user agreement which is available on TheSYNAPSE Direct website.

Please note that in order to process your application you should have full access rights to TheSYNAPSE (<http://www.thesynapse.net>). Membership to TheSYNAPSE is free and open to all medical professionals. You can apply for membership by accessing an on line application form.

TheSYNAPSE Direct
The Professional Services Centre
38, Guzi' Cutajar Street
Dingli RBT 11

Applicant Signature