

# Membership

## APPLICATION FORM

Complete this application form if you are joining the College as:

- 1** A Member (GMC registered medical practitioner on the GP Register who has successfully completed the MRCGP exam).
- 2** An Associate (GMC registered medical practitioner on GP Register who has completed vocational training for general practice).

### Any questions?

We're here to help.  
Email [membership@rcgp.org.uk](mailto:membership@rcgp.org.uk) or  
call us on **020 3188 7766**.



Royal College of  
General Practitioners

For office use only

RCGP reference/member no:

GMC/IMC Number:

Please complete in BLOCK CAPITALS and answer all required fields. Tick boxes where appropriate. All information will be treated in confidence.

# Membership APPLICATION FORM

I AM APPLYING FOR  MEMBER  ASSOCIATE

TITLE

INITIALS

FORENAME

SURNAME

DATE OF BIRTH //

GENDER IDENTITY  PREFER NOT TO SAY  MAN  WOMAN  TRANSGENDER  
 GENDERQUEER  AGENDER  GENDERLESS  NON-BINARY  
 CIS MAN  CIS WOMAN  TRANS MAN  TRANS WOMAN  
 THIRD GENDER  TWO-SPIRIT  BIGENDER  GENDERFLUID

## CONTACT DETAILS - all fields required

ADDRESS

CITY

COUNTRY

POSTCODE

TEL

MOBILE

EMAIL

## YOUR PRIMARY CONTRACTUAL STATUS

- |  |  |
|--|--|
| <input type="checkbox"/> LOCUM GP              | <input type="checkbox"/> RETIRED GP                  |
| <input type="checkbox"/> SALARIED GP           | <input type="checkbox"/> INTERNATIONAL FAMILY DOCTOR |
| <input type="checkbox"/> PARTNER/PRINCIPAL GP  | <input type="checkbox"/> PRACTICE MANAGER            |
| <input type="checkbox"/> CLINICAL ACADEMIC GP  | <input type="checkbox"/> PRACTICE NURSE              |
| <input type="checkbox"/> UNIFORMED MILITARY GP | <input type="checkbox"/> ADVANCED NURSE PRACTITIONER |
| <input type="checkbox"/> TRAINEE GP            | <input type="checkbox"/> CLINICAL PHARMACIST         |
| <input type="checkbox"/> NON-CLINICAL GP       | <input type="checkbox"/> HEALTH CARE ASSISTANT       |
|  | <input type="checkbox"/> OTHER, please specify       |

## GMC REGISTRATION AND QUALIFICATION STATUS

- I HAVE SUCCESSFULLY COMPLETED THE MRCGP ASSESSMENT/EXAMINATION
- I CONFIRM THAT I AM ON THE GMC/IMC REGISTER AND HAVE BEEN SINCE //

MY REGISTRATION IS  FULL  PROVISIONAL GMC/IMC NUMBER

- I CONFIRM THAT I HAVE NO OUTSTANDING COMPLAINTS, UNDERTAKINGS OR GOVERNANCE ISSUES WITH THE GMC, IMC OR PCO.

ARE YOU A MEMBER OF ANOTHER ROYAL MEDICAL COLLEGE OR FACULTY WHERE THE APPRAISAL IS CONDUCTED WITHIN THE OTHER SPECIALISM\*

\*If your annual appraisal is completed in the field of General Practice, this discount is not applicable. The discount applies only to those that have completed an annual appraisal with another medical organisation for which membership of the other Medical Royal College or Faculty is their primary specialism. You may be asked to provide evidence of your annual appraisal, if applying for this discount.

## DATA PROTECTION

As part of our commitment to improving the service we offer to members, we wish to contact new members within 12 months of joining to obtain feedback on their early experiences of membership. If you consent to be contacted in future to provide feedback via a single, short phone call, please tick here.

RCGP processes its members' data (including any sensitive personal data) in accordance with the Data Protection Act 1998. RCGP collects information about its members from this membership application form, from publicly-available sources such as the GMC and from additional information provided by members where they access and use the RCGP

website. RCGP (including its Faculties and regional offices) uses information about its members for the administration of its membership systems and to assist in the revalidation of members as general practitioners. The data we collect from you may also be transferred to and processed at a destination outside the European Economic Area. By submitting your data to us you agree to this transfer and processing.

RCGP may use members' information to offer members access to preferential offers or professional services. As part of 'RCGP Plus' it may also share members' information with its premises and service partners such as Searcys

to provide information about RCGP products and services such as conferences, accommodation and other products and services it considers would be of interest to members. RCGP members are encouraged to use the RCGP website to update their information and preferences via their MyRCGP account at [www.rcgp.org.uk](http://www.rcgp.org.uk), selecting the information and services they wish to receive, to opt out of mailings, and to learn more about how RCGP would like to use their information.

Terms and Conditions:  
<https://www.rcgp.org.uk/terms-and-conditions.aspx>

**I hereby give an undertaking that I will continue approved postgraduate study if I enter and remain in active general practice, and that I will uphold and promote the aims of the College to the best of my ability. I certify that to the best of my knowledge the information given in this application form is accurate. With this signature, I accept the RCGP Terms and Conditions.**

SIGNATURE \_\_\_\_\_

DATE:   /   /

## YOUR MEMBERSHIP FEE AND RENEWALS

Our membership fees are based on your annual overall gross income (before tax) from any medical/non-medical related income carried out in the previous tax year or your current personal circumstances.

Membership renewal is due on 1 April each year. New joiners pay their first year's fees pro-rata, based on the date of joining.

To ensure we charge you the correct membership fee, please select your income group or current circumstance:

- |  |  |
|--|--|
| <input type="checkbox"/> Earnings of £50,001 and above | <input type="checkbox"/> Career break, start date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>                           |
| <input type="checkbox"/> Earnings of £12,501 - £50,000 | <input type="checkbox"/> Retirement (permanently retired), start date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>       |
| <input type="checkbox"/> Earnings less than £12,500    | <input type="checkbox"/> Maternity, paternity or adoption leave, start date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |

For further information about our membership fees, please visit [www.rcgp.org.uk/fees](http://www.rcgp.org.uk/fees)

A **Direct Debit mandate form** is available for completion at the end of this form for UK bank account holders only.

For all other applicants a **payment link** will be sent to you by email, once we have processed your application.

### The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit RCGP will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request RCGP to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by RCGP or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when RCGP asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Royal College of  
General Practitioners



Instruction to your bank  
or building society to  
pay by Direct Debit

For UK bank account holders only

Service user number

9	9	1	0	2	1
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Name(s) of account holder(s)

Member no:

Bank/building society account number

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GMC no:

Branch sort code

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Name of GP:

Name of bank or building society

**Instruction to your bank or building society**

Please pay the RCGP Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with RCGP and, if so, details will be passed to my bank/building society.

**Payment plan:** (no selection: Annual payment will be set up)

- Annual Direct Debit (lump sum payment)
- Quarterly Direct Debit instalments
- Monthly Direct Debit instalments

Signature(s)
Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

The guarantee above should be detached and retained by the payer.

*For all other applicants once we have processed your application, we will send a payment link by email.*

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM, SIGN AND RETURN TO:

The Member Services Team - [membership@rcgp.org.uk](mailto:membership@rcgp.org.uk)

[Click here to print the completed form](#)