

**BANCC/BCS JOINT MEMBERSHIP APPLICATION FORM**

Please complete clearly in capital letters and black ink all three pages and return by post to Valérie Honoré, Membership Coordinator, British Cardiovascular Society, 9 Fitzroy Square, London W1T 5HW. All fields marked with an \* are mandatory.

*Title:	* Firstname:	*Surname:		
*Gender:				
*Current Job Title:				
*Agenda for change band:				
*Professional Qualifications:	RN <input type="checkbox"/> Other (AHP)..... Post Registration Cardiac course: Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Please give title: ..... UK Resuscitation Council: ALS Provider <input type="checkbox"/> Instructor <input type="checkbox"/>			
*Academic Qualifications	Diploma <input type="checkbox"/> Degree <input type="checkbox"/> MA/MSc <input type="checkbox"/> PGCE/DipEd <input type="checkbox"/> PhD <input type="checkbox"/>			
<b>Areas of Professional Interest (Please mark to indicate)</b>				
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> <input type="checkbox"/> Arrhythmias/ Pacing / Electrophysiology  <input type="checkbox"/> Exercise testing / Chest pain assessment  <input type="checkbox"/> Research  <input type="checkbox"/> Cardiac Surgery/ Transplantation  <input type="checkbox"/> Cardiomyopathy/ Heart Failure  <input type="checkbox"/> Primary/secondary prevention of Coronary Heart Disease  <input type="checkbox"/> Heart failure / Echocardiography / Valve disease  <input type="checkbox"/> Rehabilitation                         </td> <td style="width:50%; vertical-align:top;"> <input type="checkbox"/> Paediatric and Adult Congenital Heart Disease  <input type="checkbox"/> Emergency Cardiac Care  <input type="checkbox"/> Nuclear /Magnetic Resonance Imaging  <input type="checkbox"/> Invasive/ Interventional Cardiology  <input type="checkbox"/> Cardiovascular Pharmacology/ Prescriber  <input type="checkbox"/> Stroke  <input type="checkbox"/> Other (please state).....                  .....                         </td> </tr> </table>			<input type="checkbox"/> Arrhythmias/ Pacing / Electrophysiology <input type="checkbox"/> Exercise testing / Chest pain assessment <input type="checkbox"/> Research <input type="checkbox"/> Cardiac Surgery/ Transplantation <input type="checkbox"/> Cardiomyopathy/ Heart Failure <input type="checkbox"/> Primary/secondary prevention of Coronary Heart Disease <input type="checkbox"/> Heart failure / Echocardiography / Valve disease <input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Paediatric and Adult Congenital Heart Disease <input type="checkbox"/> Emergency Cardiac Care <input type="checkbox"/> Nuclear /Magnetic Resonance Imaging <input type="checkbox"/> Invasive/ Interventional Cardiology <input type="checkbox"/> Cardiovascular Pharmacology/ Prescriber <input type="checkbox"/> Stroke <input type="checkbox"/> Other (please state)..... .....
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*Name of hospital/trust and department:				
*Full address, including postcode:				
* Mobile No:	Telephone No:			
*Mailing address (if different from above):				
*Email address:				
Alternative email address:				

Please note that all the above details will be entered into the Members-Only online search facility unless requested otherwise and that by signing this form you agree to the sharing of your data between BCS and the BANCC. The first membership subscription payment is made by Credit Card and then subsequent payments are automatically collected by Direct Debit once a year in June. If you have any queries regarding BCS membership contact Valérie Honoré at [membership@bcs.com](mailto:membership@bcs.com).

THE BANCC/BCS MEMBERSHIP FEE IS £105, FOR BCS MEMBERSHIP RULES GO TO [WWW.BCS.COM](http://WWW.BCS.COM)



Do you wish to receive paper copy of Heart at the members' rate of an additional £80 per annum?  YES /  NO

Signature of applicant.....

DATE.....

**BCS**  
**9 Fitzroy Square**  
**London**  
**W1T 5HW**  
**Fax number: +44 20 7388 0903**

The Society accepts credit card payment from members for payment of their first membership subscription and subsequent payment will be automatically collected by Direct Debit once a year in June. To pay by credit card, please post or fax the Society (+ 44 207 388 0903) the following details:

PLEASE NOTE WE ARE NOT ABLE TO ACCEPT AMERICAN EXPRESS.

**Credit Card Type:** VISA / MASTERCARD / MAESTRO / JCB

**Credit Card Number:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_  
(last 3 digits on the back of the card above the signature)

**Valid from:** (Month/Year) \_\_\_\_\_

**Expiry date:** (Month/Year) \_\_\_\_\_

**Issue number** (if applicable): \_\_\_\_\_

**Card Holder Details – PLEASE COMPLETE BELOW**

**Name as appears on the card:** \_\_\_\_\_

**Billing address:**

- \*Address 1
- Address 2
- Address 3
- \* Town/City
- Region
- Postcode/ZIP code
- \* Country
- \* Email

Please deduct the amount(s) below from the above credit card

Membership Subscription: £.....

Paper Heart Subscription: (if applicable) £.....

Total: £..... (Please enter amount owed)

\_\_\_\_\_  
Signature



Please fill in the whole form using a ball point pen and send it to:

British Cardiovascular Society 9 Fitzroy Square London W1T 5HW
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Name(s) of Account Holder(s)


Bank / Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager
Bank/Building Society Name
Address
Postcode

Instruction to your Bank or Building Society to pay by Direct Debit

Originator's Identification Number

9	1	0	4	8	2
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Reference Number (to be completed by BCS)

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Instruction to your Bank or Building Society


Please pay BCS 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 BCS and, if so, details will be passed electronically to my Bank/Building Society.

Full name in capital letters
Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account



**This guarantee should be detached and retained by the Payer.**

<p><b>The Direct Debit Guarantee</b></p> <ul style="list-style-type: none"> <li>• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits</li> <li>• If there are any changes to the amount, date or frequency of your Direct Debit British Cardiovascular Society will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the British Cardiovascular Society to collect a payment, confirmation of the amount and date will be given to you at the time of the request</li> <li>• If an error is made in the payment of your Direct Debit by the British Cardiovascular Society 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</li> <li>- If you receive a refund you are not entitled to, you must pay it back when the British Cardiovascular Society asks you to</li> <li>• 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</li> </ul>	
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