



INTERNATIONAL MEMBERSHIP APPLICATION FORM

To be returned to the British Cardiovascular Society, 9 Fitzroy Square, London W1T 5HW.
Please complete clearly in capital letters and black ink. All fields marked with an * are mandatory.

*Title:	*First Name:	*Surname :
Gender:		
*Position:		
*Name and Full address of present appointment (including hospital, ward/dept. name):		
*Telephone:	Fax:	
*Email address:		
Preferred Mailing Address (if different from above):		
Alternative Email address:		

MEMBERSHIP CRITERIA (Please tick appropriate box)

- 1. Consultant Cardiologist or practitioners, or those in non-consultant posts, with a primary interest in cardiovascular disease
- 2. Trainee Cardiologist or related discipline (cardiology, paediatric cardiology, cardiac surgery or related discipline)
- 3. Established scientist or physician with primary cardiovascular interest
- 4. Other (please enter brief description of membership credentials)

Please note that all the above details will be entered into the Members-Only online search facility unless requested otherwise. If you have any queries regarding BCS membership contact Valérie Honoré at membership@bcs.com.

BCS INTERNATIONAL MEMBERSHIP FEE IS £105 PER ANNUM. FOR BCS MEMBERSHIP RULES GO TO www.bcs.com

Applications for International Membership must also be supported by a written citation by a member of your national Cardiology Society. Is your written citation letter enclosed? YES / NO



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

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enquiries@bcs.com www.bcs.com

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

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- Region
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- * Country
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Please deduct the amount(s) below from the above credit card

Membership Subscription: £.....

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

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

Signature