



NON-CLINICAL 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:	*First Name:	*Surname :
Gender:		
Position:		
*GMC registration number:		
*Name and Full address of present appointment:		
*Telephone:	Mobile:	
Fax:		
*Email address:		
Alternative email address:		
*Preferred Mailing Address (if different from above):		

MEMBERSHIP CRITERIA
(Please tick appropriate box)

This membership is for those that do not hold clinics e.g. a nurse, physiologist, basic scientist or primary care Physician.

- 1. Established scientist with primary cardiovascular interest
- 2. Primary care physician with primary cardiovascular interest
- 3. 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. 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.

THE MEMBERSHIP FEE IS £175 PER ANNUM. FOR BCS MEMBERSHIP RULES GO TO 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.....



British Cardiovascular Society

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:

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

British Cardiovascular Society 9 Fitzroy Square London W1T 5HW

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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Name(s) of Account Holder(s)

Bank / Building Society account number

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Branch Sort Code

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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.

Name and full postal address of your Bank or Building Society

To: The Manager
Bank/Building Society Name
Address
Postcode

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.

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 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
- 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
- If you receive a refund you are not entitled to, you must pay it back when the British Cardiovascular Society 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