

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:	
*Current Job Title:				*Gender:	
*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"/>			
Areas of Professional Interest (Please mark to indicate)					
<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).....			
*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:					

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 BANCC/BCS MEMBERSHIP FEE IS £105, 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.....

Please note that by joining BCS you agree to the processing, storage and use of the details you have provided for the purpose of managing your subscription by BCS. We will use the details you have shared with us to:

- contact you regarding essential information related to your membership subscription.
- provide you with essential information about the Society's activities, elections, AGM, events, courses and news.
- your details will be shared with and processed by BMJ, the American College of Cardiology, Oxford University Press and the European Society of Cardiology, so that they are able to send you and provide you with online access to Heart journal, the Journal of the American College of Cardiology, CardioSource, the ESC handbook and ESC membership.

We will NOT without your consent share your contact details with other individuals or organisations. We usually contact members by email unless we have not valid address for you, in which case we may contact you by phone or by post. If you wish to unsubscribe from our email list, you may do so at any time by contacting us on [admin email] or by clicking the link included in our emails; please note that this may prevent you from accessing some or all of the benefits associated with your membership of our 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)

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.

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

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