Bristol Medico Chirurgical Society

Founded 1874 Charitable

Incorporated

Organisation

Reg (E&W) 1181791

Membership application

Title & Name …………………………………………………………………………… d.o.b ……………………….

Address ………………………………………………………………………………………………………………………………

………………………………………………………………………………………………................................................

Email: ………………………………………………………………………………………………………………………………….

All correspondence (such as notice of meetings) is usually sent by email to save costs.

I am: (please circle or delete)

Male / Female [in case we cannot work out from your name]

Medical Student Year …………………………  
Medical Doctor or Dentist: specialty: ...........................................................................

Working in NHS / Private practice / Fully Retired  
Other profession (please state) .....................................................................................

I wish to apply to be a member of the new Bristol Medico-Chirurgical Society. I give permission for my details to be stored electronically.

**Your signature**  Date ……………………..

Please treat all my donations (subscriptions) given in last 4 years and in the future as Gift Aid donations until I notify you otherwise. *[Delete this if it does not apply]*

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

**Your signature**: ............ Date: ...................

Post to: Med Chi Treasurer

7c Rockleaze

Bristol BS9 1NE

**Standing Order Form**

Please complete or set up equivalent online on your bank account

**Annual Fee is £50 per year £10 if student**

To: Name and address of your bank:

..............................................

..............................................

............................................... .

..............................................

Please create a standing order from:

My account Number: ..............................................Sort code: .................

**TO:**

NatWest Bank, Bishopston Branch PO Box 3255

72 Gloucester Road Bristol BS6 9LQ

Sort Code: **60-02-38** Account number: **75405903**

Account name: **Bristol Medico-Chirurgical Society.**

To pay [Delete that which does not apply]

£50 [Fifty Pounds] [Normal fee] or £10 [Ten Pounds] [Students]

On the 1st October [year] ……… and then annually on this date until

Further notice/Date of last payment .........................

[delete and enter date as needed]

Quoting Ref: .................................................

(please surname followed by first name)

**Please cancel all other standing orders to Bristol Medico Chirurgical Society**

Signed: ...........................................................................

Name: ............................................................................. Date: .....................

A standing order may be created electronically on some accounts - if done this way please send print of confirmation of set up with membership application so we are aware of set up and reference.

send confirmation with membership form

Or send this page completed with membership form for us to send to bank in paper format :

To: **Med Chi Treasurer**

**7c Rockleaze**

**Bristol BS9 1NE**