

Bristol Medico-Chirurgical Society

Charity No: 262439



MEMBERSHIP APPLICATION

Title & Full Name:

Address:

.....

.....

Email:

All correspondence such as flyers for 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

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 Bristol Medico-Chirurgical Society. I give permission for my details to be stored electronically.

Please treat all my donations (subscriptions) 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.

Signed: Date:

I am particularly interested in the following aspects of medicine:

.....

Please also complete standing order and send both forms to:

Sam Walker
Administrator Bristol Med Chi
Bristol Central CLDT
Heath House Lane
Stapleton
Bristol BS16 1EQ

Standing Order Form

Please complete

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:

Account name:

TO:

NatWest Bank, Queens Road Bristol

PO Box 188, 40 Queens Road, Clifton Bristol BS8 1BF

Sort Code: **52-10-03** Account number: **00602558**

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

To IMMEDIATELY pay [Delete that which does not apply]

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

AND THEN the SAME AMOUNT ANNUALLY
on the ANNIVERSARY DATE OF THE FIRST PAYMENT until

Further notice./Date of last payment
[delete and enter date as needed]

Quoting Ref:
(please enter surname followed by first name)

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.

Please send with membership form to:

Sam Walker
Administrator Bristol Med Chi
Bristol Central CLDT
Heath House Lane
Stapleton
Bristol BS16 1EQ