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]

I am a:

Student : Year ……………… Subject …………
Medical /Dental Trainee [grade and specialty]…………………………..

Consultant 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 or email copy to admin@bristolmedchi.co.uk

 7c Rockleaze

 Bristol BS9 1NE

**Standing Order**

Please set up a standing order on your bank account

To pay now and then recurring on 1 October each year.

**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.**

**Annual Fee is £50 per year for consultants/ retired consultants.**

 **£25 per year for medical/dental trainees**

 **£10 per year for all undergraduate students.**

 **£25 for all non-medical/dental professionals**

Quoting as ref your surname followed by first name.

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

I can confirm I have paid ……….[amount] on the date: ………………….

And set up a standing order to pay ………….[amount] on ……………………..

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

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

send this page completed with membership form for us

To: **Med Chi Treasurer**

 **7c Rockleaze**

 **Bristol BS9 1NE**

**OR:**

**I am unable to complete an electronic transfer and standing order. Please send me a paper form to me to complete and return.**

 **Signature. ……………………………………….**