

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.