

Membership Application Form & Banker's Order

(Please complete all relevant sections)

To The Hon. Registrar
The Catholic Medical Association (UK)
39 Eccleston Square, London, SW1V 1BX

I apply to become a member of The Catholic Medical Association (UK) and send herewith a completed Banker's Order (below) or cheque for the appropriate annual subscription (Standard membership £50, [Concessionary rate* £30], Joint members £60, Student member £10).

(* Concessionary Rate must be individually requested, see below)

OR

I wish to become a subscriber to the Catholic Medical Quarterly (£20 p.a.)

Name

Qualifications Students - expected date of qualification

Telephone No e-mail

1. Permanent Address (as on medical register)

or home address for students

2. Professional address (or college address for students)

.....Signature

Preferred address for mailing (1 or 2) Preferred Branch for membership

* My current income is less than £30,000 per year and I wish to claim the concessionary subscription rate of £30 per annum. I will notify you if my income comes to exceed this sum.

Signed

The Catholic Medical Association (UK)

Banker's Standing Order

Date:

To Messrs (Name and Address of Bank)

..... Banker's Sort Code:

Please pay forthwith to Lloyds Bank plc, Langham Place Branch, 324 Regent Street, London W1B 3BL (Code No. 30-93-68) for the account of the Catholic Medical Association (UK), Account no. 00081844, the sum of £..... being my annual subscription for membership and thereafter pay this amount annually every 1st OCTOBER commencing 1st October next quoting my name and membership number on all transactions.

This order supersedes all previous orders to this body or to the Guild of Catholic Doctors.

Signature: Account No: