**PLYMOUTH MEDICAL SOCIETY**

[*www.plymouthmedicalsociety1794.org*](http://www.plymouthmedicalsociety1794.org)

***Application for Membership***

To the Membership Secretary, Plymouth Medical Society

membership.pmsoc@gmail.com

I would like to apply for membership of Plymouth Medical Society.

Signature (applicant): Date:

Please enter your details clearly in CAPITALS:

**Title: Forename(s): SURNAME:**

e-mail address:

postal address: phone:

Are you willing to be sent information about Society events by e-mail? **Yes / No**

Are you willing to be sent information about the Society by post? **Yes / No**

How would you us to address you on letters? Eg First name; title & surname:

GP Surgery / Hospital Department or Profession / College:

If you are a student, what is your expected year of graduation?

**Categories of membership** *(please ring)* **subscription**

Ordinary member Qualified Medical Practitioners £40

 Trainee doctors £5

 Retired doctors (on application) £20

Associate member Non-medically qualified people £40

 Other trainee health professionals £5

 Medical, dental and health profession students £5

**Please indicate your method of payment.**

* I have set up a standing order to Plymouth Medical Society, commencing on 1 October

**Sort code** 30-96-68 **Account** 00543575 **Ref** SurnameFirstname

* I have completed the standing order form overleaf.
* I have paid by BACS.
* I enclose a cheque payable to “Plymouth Medical Society”.

The annual subscription is due on 1 October each year. The information on this form will be kept on the Society’s membership database. Only your name and dates & category of membership will be retained if you leave the Society. No details will be given to third parties.

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***Standing Order***

 **BANK BRANCH SORT CODE**

Please pay Lloyds Bank plc Plymouth 30-96-68

 **BENEFICIARY NAME ACCOUNT NO:**

For the credit of: Plymouth Medical Society 00543575

 **AMOUNT (figures) AMOUNT (words)**

The sum of: £ pounds

on 1 October each year, until further notice

quoting the reference: ………………………………………(please enter SurnameFirstname)

This instruction cancels any previous order in favour of the beneficiary named above.

**Name & address of your bank:** (please print)

**Your bank account no:**………………………….. **Sort code: - -**

Signature: Date:

Please enter your details clearly in capital letters:

**Title: Forename(s): Surname:**

**e-mail address:**

**Your home address:**

**Phone:**

**Please do NOT send this form directly to your bank.**

Please complete it and send it to:

PMS Treasurer, Picket Rock, Renney Road, Heybrook Bay, PLYMOUTH PL9 0BG