



**BRITISH CARDIOVASCULAR
INTERVENTION SOCIETY**
Registered Charity No. 1073454
APPLICATION FOR MEMBERSHIP

Are you a Consultant/SpR/nurse/Technician/Radiographer/other

Title Dr/Mr/Mrs/Miss/Ms/Other _____

First Name _____

Surname _____

Job Title _____ Hospital _____

Address _____

Postcode _____

Tel _____

Email _____

Signature _____

Date _____

This section is to be completed with the proposer's details who must be a fully paid up member of BCIS

Name _____ BCIS No _____

Job Title _____ Hospital _____

Signature _____ Date _____

Subscription to BCIS is payable annually by direct debit, a mandate form is included with this booklet, please complete both the membership and direct debit form and forward both to:

Lulu Ho
BCIS Secretariat
c/o British Cardiovascular Society
9 Fitzroy Square
London
W1T 5HW

Tel: 020 7692 5414
Email: bcis@bcs.com
Web: www.bcis.org.uk



**BRITISH CARDIOVASCULAR
INTERVENTION SOCIETY**
Registered Charity No. 1073454
DIRECT DEBIT MANDATE



To THE MANAGER

Bank Name _____

Address _____

Postcode _____

Please pay Barclays Bank PLC
10 Market Street
BRADFORD
West Yorkshire
BD1 1NR

Account Name **British Cardiovascular Intervention Society**

Account Number **70762393**

Sort Code **20-11-81**

The sum of

£75.00 (seventy five pounds) CONSULTANTS

£25.00 (twenty five pounds) ALL OTHER MEMBERS

now and then yearly thereafter on 1st October until further notice and debit my/our account accordingly.

PLEASE CANCEL ANY PREVIOUS STANDING ORDER OR DIRECT DEBIT IN FAVOUR OF THE BRITISH CARDIOVASCULAR INTERVENTION SOCIETY (BCIS)

ACCOUNT TO BE DEBITED: (Please use BCIS No in payment reference where possible)

Account Name/s _____

Member Name _____ BCIS No _____

Account Number _____ Sort Code _____

Signature/s _____ Date _____

Please complete both the membership form and this direct debit mandate form and forward both to:
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Tel: 020 7692 5414 Email: bcis@bcs.com Web: <http://www.bcis.org.uk>