

## ORDINARY MEMBERSHIP FORM

To be returned to SCST, c/o British Cardiovascular Society, 9 Fitzroy Avenue, London, W1T 5HW, UK Please complete in capital letters and in black ink. All fields marked with an \* are mandatory.

*Title	*First name:	*5	Surname:							
Former name	e:									
Date of birth:										
*Position:										
* <u>Permanent</u> (home) mailing address, including postcode:										
*Telephone r	number (Work):	Alternative number e.g. mobile:								
*= " 11										
*Email address:										
*Name and full address of present work (including postcode):										
Work email address:										
Membership Criteria – tick as many as apply (please forward photocopied evidence of all that apply):										
	Award	Tick	Registrant number	University	Date Awarded					
Current RCC	P registrant				711101100					
RCCP Accre Physiology (0	dited: BsC (Hons) Clinical Cardiology)									
Accredited B (Cardiac Phy	Sc (Hons) Healthcare Science									
	Training Programme)									
Current HCP (Cardiology)	C registered Clinical Scientist									
- Ordinary m	nembership fee is £50 per annum. For	SCST	membership rules	s see <u>www.scst.or</u>	g.uk					
Signature of applicant										

Please note by signing you agree to have your name published on the SCST online register unless requested otherwise.





## Instruction to your Bank or Building Society to pay by Direct Debit

lease fill in the whole form excluding official use box and eference number using a ball point pen and send it to:	Originator's Identification Number								
British Cardiovascular Society 9 Fitzroy Square London	9	1	1	9	9	4	]		
W1T 5HW	FOR British Cardiovascular Society OFFICIAL USE ONLY This is not part of the instruction to your Bank or Building Society.								
lame(s) of Account Holder(s)									
ank/Building Society account number									
ranch Sort Code					ilding S				
	detailed	in this Ir	nstructio	n subjec	t to the s	afeguar	Debits from the account ds assured by the		
ame and full postal address of your Bank or Building Society	with Brit	ish Card	iovascul	ar Socie	ety and, i	f so, deta	truction may remain ails will be passed		
Fo: The Manager Bank/Building Society	electron	ically to	my Bank	(/Buildin	g Societ	<b>y</b> .			
Address	Signatur	e(s)							
Postcode	Date								
S C S T									
Banks and Building Societies may not accept Dir	ect Debit In	struction	s from s	ome typ	es of ac	count			

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This guarantee should be detached and retained by the Payer

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there any changes to the amount, date or frequency of your Direct Debit, BCS will notify you 10 working days in advance of
  your account being debited or as otherwise agreed. If you request BCS to collect a payment, confirmation of the amount and
  date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by BCS or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when BCS asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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