



AFFILIATE (PAID) 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: | *Surname: |
| Former name: | | |
| Date of birth: | | |
| *Position: | | |
| * <u>Permanent</u> (home) mailing address, including postcode: | | |
| *Telephone number (daytime): | | Alternative number e.g. mobile: |
| *Personal email address: | | |
| *Work email address: | | |
| *Name and full address of present appointment (postcode): | | |
| Membership Criteria (tick which applies): | | |
| Role | Tick box | |
| STP student | | |
| Paramedic | | |
| Nurse | | |
| Manufacturing industry | | |
| Nurse | | |
| Other, please state..... | | |

Affiliate membership fee is £40 per annum. For SCST membership rules see www.scst.org.uk

Signature of applicant.....

Date.....

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

Please fill in the whole form excluding official use box and reference number using a ball point pen and send it to:

British Cardiovascular Society
9 Fitzroy Square
London
W1T 5HW

Originator's Identification Number

| | | | | | |
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FOR British Cardiovascular Society OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.

Name(s) of Account Holder(s)

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| |

Bank/Building Society account number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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Branch Sort Code

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Name and full postal address of your Bank or Building Society

| | |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Address | |
| | |
| Postcode | |

Instruction to your Bank or Building Society

Please pay British Cardiovascular Society Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with British Cardiovascular Society and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

| |
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| |

Date

| |
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Reference Number

| | | | | | | | | | | | | | | | | | | | |
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Banks and Building Societies may not accept Direct Debit Instructions from some types of account

DD11

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.