

# RSM Individual Library Membership Application Form

**I wish to apply for RSM Individual Library Membership**

Name:

Address:

Postcode:

Tel. No:

Fax No:

E-mail:

Type of organisation:

Type of Organisation:

Charity       University       Medical       NHS       Legal  
 Media       Pharma       Society      Other:   
please specify

Subject/specialism:

Reason for joining:

Signed:

Proof of identity:

- One which confirms your name and address and must be dated within the last two months, e.g. utilities bill, credit card or bank statement, rent book
- One which confirms your name and signature, e.g. driving licence, passport, bankers/credit card.

**For more information simply contact us on  
020 7290 2948 or visit [www.rsm.ac.uk/library](http://www.rsm.ac.uk/library)**

# RSM Library Subscription Application

## Payment instructions

### Payment by Direct Debit

Please return this form using the Freepost envelope enclosed, no stamp is required, to: Royal Society of Medicine, Membership Department, FREEPOST, 1 Wimpole Street, London W1E 2UZ.



Originator's  
Identification  
Number

I would like to pay my subscription  Annually

Quarterly

9 9 6 4 8 8

Name(s) of account holder(s)

Branch Sort Code

-   -

Bank or Building Society account number

Bank or Building Society

Signature

Address

Signature

Postcode

Date

Please note: Banks and Building Societies may not accept Direct Debit instructions for some types of account

### Payment by credit card

Please charge my credit card £ \_\_\_\_\_ .

CSV No:

Visa  Mastercard

Expiry date

/

Name of cardholder

### Payment by Cheque

Our payment for £ \_\_\_\_\_ is enclosed. Please make cheques payable to: Royal Society of Medicine. (Please call Membership on 020 7290 2991 if you require a pro-forma invoice).

Please invoice me

#### For IS Use:

Date received

Amount paid £

Date accepted

Authorised by

#### For Membership Use:

Date received

Amount paid £

Name of Member

Membership Number