

RSM Corporate Library Membership Application Form

We wish to apply for RSM Corporate Library Membership.

Company Name:

Company Address:

Postcode:

Tel. No:

Fax No:

E-mail:

Name of Company Contact:

Type of Organisation:

NHS

Library

Pharma

Medical Charity

Legal

Other please specify:

Signed:

Position:

**For more information simply contact us on
020 7290 2948 or visit www.rsm.ac.uk/library**

RSM Library Subscription Application

Payment instructions

Payment by credit card

Please charge my credit card £ _____ .

Visa Mastercard

CSV No:

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).

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

Address

Postcode

Signature

Signature

Date

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

For IS Use:

Date received

Amount paid £

Date accepted

Authorised by

For Membership Use:

Date received

Amount paid £

Name of Member

Membership Number