

# RSM Individual Library Membership Application Form



## 1. Your Personal Details

Name (Title, First name, Surname)

Address:

Tel No:

Fax No:

Email:

Subject/specialism:

Reason for joining:

## 2. Keeping in touch

In order to give you the best possible service, we would like to send you information on events based on your specialty group selection; news about the members' club and exclusive member offers which we believe may be of interest to you.

Please tell us the methods of communication you are happy to be contacted by. You can change your preferences at any time.

**It is recommended that you select both Email and Post at the minimum, however the RSM's preferred and most used method of communication is email.**

Email (recommended)

Post (recommended)

Telephone

SMS

The RSM would also like to send you special offers from our specially selected Affinity partners. These could include special offers on Home/Travel insurance offers, holidays and car purchases. We will always treat your personal details with the utmost care and will never sell, lease or share them to other companies for marketing purposes. You can change your preferences at anytime.

Yes please, I'd like to hear about special offers by  email  post (please tick all that apply)

No thanks, I would prefer not to hear about special offers from affinity partners

### 3. Membership Category

**Fees payable upon application. Fees are normally tax-deductible if working in the UK.**

Where applicable, fees include an element of VAT. Please select your Membership category by ticking below. Rates valid until 30 September 2019.

Membership Type	Annual Direct Debit	Debit/Credit card
Medical	£502	£542
Non-medical	£245	£295

### 4. Membership Category

I hereby apply to become a member of the Royal Society of Medicine (RSM) and agree to be bound by its by-laws and constitution(s) of its Sections (copies of these are available on request)

Signature 

Date

### 5. Select your payment method

#### Instruction to your bank or building society to pay by Direct Debit

Please complete this form clearly in block capitals and return to:  
FREEPOST, RTKA-KLLR-YGYJ, Membership Department,  
The Royal Society of Medicine, 1 Wimpole Street, London, W1G 0AE



#### Name and full postal address of your bank/building society

To: The Manager

Bank/building society

Service User Number

Address

Postcode

#### Instruction to your bank or building society:

Please pay The Royal Society of Medicine 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 The Royal Society of Medicine and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of account holders

Signature(s)

Bank/building society account number

Branch sort code

Date

Please note: Payments can only be taken from UK bank accounts. Banks and building societies may not accept Direct Debit instructions for some types of accounts.

### Credit or Debit card

I WISH TO PAY BY  VISA  MASTERCARD  VISA DEBIT  AMEX

Card Number

Starts

Expires

CVV\*\*

 /  / 

\* The last three digits (four for AMEX) on the signature strip on your card

Signature

Date