

The Royal Society of Medicine

RSM Library Institutional Membership Application Form

We wish to apply for RSM Library Institutional 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 2940 or visit www.rsm.ac.uk/library**

For IS Use:

Date received

Amount paid £

Date accepted

Authorised by

For Membership Use:

Date received

Amount paid £

Name of Member

Membership Number

RSM Library Application

Organisations are able to join the RSM library. Prices are for one site only. Additional sites can be added for an additional 50% of the annual price. Includes access to the library for up to 5 readers. No e-access to our databases, e-journals or e-books are permitted under our supplier's licence agreements

Annual subscription: £500 (inc VAT)

RSM Library Institutional Membership

Payment instructions

Payment by invoice

☐ Please invoice me for the full subscription cost £

Payment by cheque

☐ Our payment for £ is enclosed.
Please make cheques payable to: Royal Society of Medicine

Payment by credit card

☐ Please charge my credit card £ _____ .

☐ Visa☐ MastercardCVV No:

Expiry date

 /

Name of cardholder