

BMFMS Membership Application Form

Office use		
Office use		
Title		
First Name(s)		
Last name		
Telephone		
Email address		
Correspondence Address		
		Post code



British Maternal & Fetal Medicine Society

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 Tel: 020 7772 6211
 Fax: 020 7772 6410
 Email: bmfms@rcog.org.uk
 Website: www.bmfms.org.uk

	Please tick		Please tick
Membership	New	Clinical member / Trainee	£50
Membership	Renewal	Midwife / Non-clinical member	£30
I enclose a cheque		I have filled out a standing order form below	
Areas of particular interest <i>i.e.</i> , Maternal medicine, Fetal medicine, Education etc.			
I agree that the information provided on this form can be used by the BMFMS, and others working with them, for the purposes of the BMFMS. I understand my right to ask to see the information held about me by the BMFMS.			
Signature		Date	

STANDING ORDER FORM			
To: Bank			
To: Address			
		Postcode	
Branch sort code		Account name	
Account number		Signature	

PLEASE PAY:			
The sum of	£	In words:	
** Please make immediate payment, and then annually on 1 st April **			
To: Bank	Lloyds Bank Plc, Nottingham		
Branch sort code	30-96-18		
Account number	1826059		
Account name	British Maternal and Fetal Medicine Society		
Quoting Reference			