

BMFMS Membership Application Form

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



British Maternal & Fetal Medicine Society

27 Sussex Place • Regent's Park • LONDON NW1 4RG
 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	£50	
Membership	Renewal		Trainee	£50	
I enclose a cheque			Midwife	£30	
I have filled out a standing order form below			Non-clinical member	£30	
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 (address: 27 Sussex Place, London, NW1 4RG)		
Quoting Reference			