



## BIRMINGHAM MEDICAL INSTITUTE

[Founded 1875]

### MEMBERSHIP APPLICATION FORM

I wish to become a member of the Birmingham Medical Institute in the category indicated and upon election, I agree to be bound by its Articles of Association and By-Laws (a copy of which is available on request from the Director of the BMI).

(Please ✓)

**Category 1 - Members**

Medical and Dental Practitioners

Others elected to this category by the General Committee

Annual Subscription £60.00

**Category 2 – Associate Members**

Nurses, Optometrists, Pharmacists and Physiotherapists

Other Professions Allied to Medicine

Dental Therapists and Nurses

Medical Scientists

Healthcare Managers

Annual Subscription £40.00

**Category 3 – Student and Junior Members**

Medical, dental and other undergraduate healthcare students and medical practitioners, dentists, nurses and physiotherapists within their first five years after qualification

Annual Subscription £10.00

**Category 4 – Retired Members**

Annual Subscription £30.00

- |  |
|--|
| <p>(1) It is the policy of the Birmingham Medical Institute that the subscription for all new members is made by Direct Debit. A form can be found on page 3.</p> <p>(2) As the Birmingham Medical Institute is a registered charity, those in Categories 1-3, who are UK tax payers, are also invited to sign a Gift Aid Donation form. Both forms are found on page 4.</p> <p>(3) As your subscription is treated as a Gift Aid donation, if you are a higher rate taxpayer you will be eligible to claim higher rate relief in respect of your donation on your tax return.</p> |
|--|

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE ALL FOUR PAGES  
OF THIS FORM AND RETURN TOGETHER**

Please complete in BLOCK CAPITALS

**PERSONAL INFORMATION**

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Sex:            Male                                                        Female                           

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this:            Work Address?                                                        Home Address?                           

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Completing this section indicates your willingness to receive information about meetings and other events from the BMI electronically

Year of Qualification: \_\_\_\_\_

Place of work: \_\_\_\_\_

Medical (or other) Speciality: \_\_\_\_\_

Other interests (e.g. history of medicine) \_\_\_\_\_

\_\_\_\_\_

**Please return the completed form to:**

**Birmingham Medical Institute  
36 Harborne Road  
Birmingham  
B15 3AF**

**For Official Use Only**

<b>Date Received</b>	<b>Category</b>	<b>Subscription</b>	<b>Membership Number</b>
		£	



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

Please fill in the whole form using a ball point pen and send it to:

Birmingham Medical Institute  
 Chamber Of Commerce  
 75 Harborne Road  
 Edgbaston  
 Birmingham  
 B15 3DH

Service user number

8	0	7	6	0	7
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Name(s) of account holder(s)


Reference

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Instruction to your bank or building society

Please pay Birmingham Medical Institute 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 Birmingham Medical Institute and, if so, details will be passed electronically to my bank/building society.

Bank/building society account number

--	--	--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

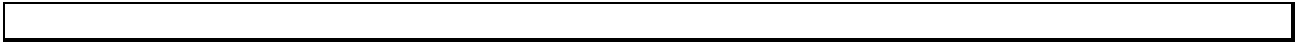
DD12

This guarantee should be detached and retained by the payer.

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Birmingham Medical Institute will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Birmingham Medical Institute to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Birmingham Medical Institute or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Birmingham Medical Institute asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



## GIFT AID DECLARATION

**GIFT AID DECLARATION**

**(Charity number 218651)**

**I wish the Birmingham Medical Institute to treat all subscriptions and donations I make from the date of this declaration as Gift Aid donations until I notify otherwise in writing. I am a UK taxpayer.**

Title \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_