

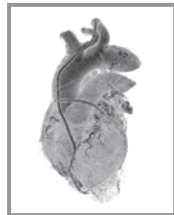
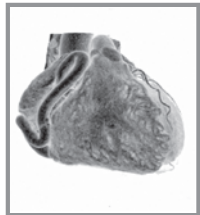


Application for Membership

Membership to BSCI is open to all clinicians, practicing or interested in practicing cardiovascular imaging and to medical trainees or non-medical personnel involved in cardiovascular imaging

If you wish to apply for membership please complete the membership application form on the right and return to the BSCI Secretariat. The payment of the first year's membership fee must be made either by enclosing a cheque for £25.00 Pounds Sterling, made payable to "British Society for Cardiovascular Imaging" or by completing the credit/debit card details on the membership application form. New members will be asked to complete a Direct Debit mandate in respect of future subscriptions, to take effect from each 1st May thereafter.

* NB The exception to this rule is for those living overseas who do not have a bank account in the United Kingdom.



I wish to apply for membership of the Society (Please complete using BLOCK CAPITALS)

NAME OF APPLICANT: _____

Work address: _____

_____ Post code: _____

Tel no: _____ e-mail: _____

Date of Birth (DD/MM/YYYY): (/ /)

Qualifications: _____

Present appointment: _____

Applicant's signature: _____ Application date: (/ /)

Please return the completed form and cheque for the first year's membership (£25 Pounds Sterling) made payable to "British Society of Cardiovascular Imaging" (cheques to be drawn on a UK bank) to:
BSCI Secretariat, c/o BioMedEx, 22 Allan Road, Killearn, Glasgow G63 9QE (UK)

If you wish to pay by credit or debit card please complete the payment section below.

Please note that there is a 4% handling fee for credit and debit card payments to cover all processing and banking charges. Debit payments to credit and debit cards will appear on your statement as 'PayPal * Biomedex 35314369001 GB.

Membership Fee payable: £25.00
Handling Fee (credit/debit card): £ 1.00
Total Amount payable: £26.00
Please debit my credit/debit card with the amount of £26.00

My card is a: Visa Eurocard Switch Mastercard

Start date: ____/____ End Date: ____/____ Issue Number: _____(Switch only)

Card Number: _____

Cardholder's Name: _____

Credit/Debit Card Billing Address: _____

_____ Post code: _____

Signature: _____ Date: (/ /)