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**AICC MEMBERSHIP APPLICATION FORM**

Please complete and return the form to Valérie Honoré, Membership Coordinator, aicc@bcs.com,

Tel: 020 7380 1934, [www.theaicc.org](http://www.theaicc.org). Information marked with an \* is mandatory.

**Title:** Click or tap here to enter text.

**Forename\*:** Click or tap here to enter text.

**Surname\*:** Click or tap here to enter text.

**Email1\*:** Click or tap here to enter text.

**Email2:** Click or tap here to enter text.

**Tel n⁰\*:** Click or tap here to enter text.

**Mailing Address\*:** Click or tap here to enter text.

**Name of Hospital/Work\*** (if different from above)**:** Click or tap here to enter text.

**Job Title\*:** Click or tap here to enter text.

**Professional qualifications:** Click or tap here to enter text.

**GMC N⁰ (if applicable):** Click or tap here to enter text.

THE AICC MEMBERSHIP OFFERS FREE EARLY BIRD REGISTRATION TO THE ANNUAL MEETING. Please tick the appropriate membership category you are applying for.

[ ] Medical membership - £90/a

[ ] Non-Medical membership - £45/a

Please note that by joining the AICC you agree to the processing, storage and use of the details you have provided for the purpose of managing your subscription by the AICC. We will use the details you have shared with us to:

* + - * contact you regarding essential information related to your membership subscription.
* provide you with essential information about the Society’s activities, elections, AGM, events, courses and news.
* your details will be shared with and processed by BCS who are responsible for the AICC’ administration.

We will NOT without your consent share your contact details with other individuals or organisations. We usually contact members by email unless we have no valid address for you, in which case we may contact you by phone or by post. If you wish to unsubscribe from our email list, you may do so at any time by contacting us on aicc@bcs.com or by clicking the link included in our emails; please note that this may prevent you from accessing some or all of the benefits associated with your membership of our Society.





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|  |  | Instruction to yourBank or Building Societyto pay by Direct Debit |
| **Please fill in the whole form excluding official use box using a ball point pen and send it to:** |  | **Originator's Identification Number** |
| British Cardiovascular Society9 Fitzroy SquareLondonW1T 5HW |  | **911994** | **1** | **1** | **9** | **9** | **4** |  |  |  |
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|  | FOR British Cardiovascular Society OFFICIAL USE ONLYThis is not part of the instruction to your Bank or Building Society. |
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| **Name(s) of Account Holder(s)** |  |
| Click or tap here to enter text. |  |
| Click or tap here to enter text. |  |
| **Bank/Building Society account number** |  |
|  |  |  |  |  |  |  |  |  |  |
| **Branch Sort Code** |  | **Instruction to your Bank or Building Society**Please pay British Cardiovascular Society 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 British Cardiovascular Society and, if so, details will be passed electronically to my Bank/Building Society. |
|  |  |  |  |  |  |  |  |  |  |
| **Name and full postal address of your Bank or Building Society** |  |
| To: The Manager | Bank/Building Society |  |
| Click or tap here to enter text. |  |
| Address |  | Signature(s) |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  |  |
|  |  |  |
|  | Postcode |  | Date |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| **Reference Number** |  |  |
| **A**  | **I** | **C**  | **C** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Banks and Building Societies may not accept Direct Debit Instructions from some types of accountDDI1 |

This guarantee should be detached and retained by the Payer.

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| The Direct DebitGuarantee  |
| * This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
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| * If there any changes to the amount, date or frequency of your Direct Debit, BCS will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request BCS to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
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| * If an error is made in the payment of your Direct Debit by BCS 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 BCS asks you to.
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| * 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.
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