

# PCR

PRIMARY CARE  
RHEUMATOLOGY SOCIETY

PO Box 42, Northallerton, North Yorkshire DL7 8YG  
Telephone: (01609) 774794  
email: [Helen@pcrsociety.org](mailto:Helen@pcrsociety.org)

## MEMBERSHIP APPLICATION/RENEWAL FORM

Full Name.....

Address.....

County, Postcode.....

Telephone: ..... (Mobile) ..... (Work) ..... ( Home)

***Important:* - Much of our correspondence is sent via email. To ensure you receive all communications please give your most reliable email address**

Email address: .....

### Membership runs from 1<sup>st</sup> January – 31<sup>st</sup> December each year and Subscriptions are as follows:

Ordinary - £75.00

Associate - 60.00

Retired - £45.00

GP Registrar - Free

- I wish to subscribe by Direct Debit - *preferred method*  (form enclosed)
- I am enclosing a cheque to cover my Membership
- Please debit my Access/Visa Account

Card no:                Expiry Date:  /

Signed.....Date.....

### Gift Aid Declaration

**Please consider signing this Declaration as it allows us to reclaim a further 28% of your membership/donation.**  
If you pay UK income or capital gains tax then all you have to do is agree (just once) that we can reclaim the tax on your Membership/donations. The only action you need to take is complete the Declaration below .

Please reclaim the tax on all my donations to the Primary Care Rheumatology Society until I notify you otherwise.

Signed..... Date.....

Please return to: Helen Livesley, PCR Society, PO Box 42, Northallerton, North Yorkshire DL7 8YG

Please complete sections marked with asterisk\*

\* Full Name of PCR Member: .....

**BANKERS ORDER**

Please complete the form below and return it your application form to:

PRIMARY CARE RHEUMATOLOGY SOCIETY  
P O BOX 42, NORTHALLERTON, NORTH YORKSHIRE DL7 8YG

\* Name and full address of donors bank: To:.....  
.....  
.....

Please pay to the credit of: The Primary Care Rheumatology Society.  
**Sort Code 20-61-46 Account No 80379298**  
Barclays Bank, PO Box 40, Northallerton, N Yorkshire DL7 8YD

Annual Sum to be paid: The sum of: £75 (seventy five pounds)  
(or the equivalent to the annual membership subscription due to the Charity as at date of payment, whichever is greater)

\* Date when payments start: on the first day of .....  
**and a like sum annually on the first day of January until further notice**

\* Signed ..... Date .....

**A/C to be debited:**

\* Title and full name in capitals: .....

\* A/C Name if different .....

\* A/C Number:..... Sort Code:.....

**Gift Aid Declaration**

If you pay UK income or capital gains tax then all you have to do is agree (just once) that we can reclaim the tax on your Membership/donations. The only action you need to take is complete the Declaration below.

**\*\*Please make time to do this for us as it increases the value of donations by 28%\*\***

Please reclaim the tax on all my donations to the Primary Care Rheumatology Society made since the 6<sup>th</sup> April 2000 and any I make from now on until I notify you otherwise.

\* Signed..... Date.....