

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 6th April 2000 and any I make from now on until I notify you otherwise.

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