

PCR

PRIMARY CARE RHEUMATOLOGY SOCIETY

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MEMBERSHIP APPLICATION/RENEWAL FORM

Full Name.....

Address.....

County, Postcode.....

Telephone: (Work//Home?) Fax:.....(Work//Home?)

PLEASE give your email address as this is the quickest and most cost effective way of communication

Email address:

Membership 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 for 2009
- 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