

Application Form

Fellowship | Education | Heritage

Founded 1789

Title: Name in full:			
Post/Medical Speciality:			Date of Birth:
E-mail Address:			Date of Birtin.
Home Address:			
Home Address:			
			Postcode:
Work Address:			
			Postcode:
Telephone No.:		Mobile Nº.:	
All routine communications will be	e by e-mail where possible.		For Society's use only:
 Current annual subscription rates are as follows: £60 (higher rate tax payers), £45 (standard rate tax payers), and £36 (retired members). 			te tax Date of Receipt:
Please note that the subscription is a tax allowable professional expense. Please select the subscription rate appropriate to your circumstances: £60 £45 £36 Annual subscriptions are drawn prospectively on the 1st October after joining the Society.			_
(Please note: no fee is levied from	date of joining until the foll	lowing October).	
Please return this form to the address below:		Subscription Rate: £	
Aberdeen <mark>Medico-(</mark> Tel: 01224 437104 – Ex	Chirurgical Society, Medical Society t (76) 7104 Email: medchi.ad Data Protection – pleas	chool, Foresterhill, Aberdeen AB25 Imin@abdn.ac.uk Web: <u>www.med</u> se see overleaf	-chi.co.uk MED-CHI LECTURES
Instruction to your bank or be pay by Direct Debit Please fill in the whole form using a ball point per Aberdeen Medico-Chirurgical Society, Medical School, Foresterhill, Aberdeen, AB25 2Z Name and full postal address of your bank or	n and send to: D building society	Service user number	DIRECT
To: The Manager	Bank/building society	9 0 7 4	9 4
Address		Reference	
Postco	de	Instruction to your bank or build	
Name(s) of account holder(s)		account detailed in this Instruction Direct Debit Guarantee. I understa	rurgical Society Direct Debits from the subject to the safeguards assured by the and that this Instruction may remain with iety and, if so, details will be passed society.
Bank/building society account number		Signature	1
		S.g. atta	
Branch sort code		Date	
			DDI8
			

Banks and building societies may not accept Direct Debit Instructions for some types of account.

This Guarantee should be detached and retained by the payer

The Direct Debit Guarantee



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

Dear Society Member

GENERAL DATA PROTECTION REGULATIONS

We only hold whatever data you gave us that is your name, date of birth, contact details and sometimes your employment status.

We only use the data to communicate information about the Society or occasionally about other things which might be of interest, for example UoA activities or history of medicine meetings.

You can view the data anytime you wish, you can ask for changes and ask for it to be deleted, for example if you leave the Society. The Honorary Secretary is the 'data controller' and our administrator the 'data handler'.

If you are happy with this arrangement, then please tick the box below saying "I agree" and sign.

I agree	Signature
Shirley A Laird	
s. cr. haird	
Yours sincerely	