



## BACPR-BANCC-BCS NON-CONSULTANT TRIPARTITE-MEMBERSHIP APPLICATION FORM

BACPR and BANCC members are able to take advantage of all three organisations' membership benefits at a discounted rate. Please complete this application clearly in capital letters and black ink and return by post to Valérie Honoré, Membership Coordinator, **British Cardiovascular Society, 9 Fitzroy Square, London W1T 5HW.**

All fields marked with an \* are mandatory except those on page 2 of this form that relate to an Association you already belong to.

*Title:	*Forename:	*Surname:
*Gender:		
*Job Title:		
*Work/Hospital name and address:		
*Mailing address (if different from above):		
Mobile No:	Telephone No:	
*Email address:		
Alternative email address:		

**BACPR Membership info (only complete if not currently a BACPR Member)**

*Please circle your profession:			
Nurse	Physiotherapist	Exercise Physiologist	Research/Academic
Doctor	Psychologist	Occupational Therapist	Dietitian
BACPR Exercise Instructor Network	Other Exercise Professional	Other (please state) _____	

The **BACPR Exercise Professionals Group (BACPR-EPG)** represents exercise professionals working in cardiovascular prevention and rehabilitation and is made up of ACPICR members, BASES members and the BACPR Exercise Instructor Network. Please tick for your details to be forwarded to the BACPR-EPG

**Data Protection:** BACPR may share your contact details with other related individuals or organisations. Contact may be by post, telephone, email or other means. If you do not wish your details to be released please tick

**BANCC Membership info (only complete if not currently a BANCC Member)**

*Agenda for change band:																	
*Professional Qualifications:	RN <input type="checkbox"/> Other (AHP)..... Post Registration Cardiac course: Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Please give title: ..... UK Resuscitation Council: ALS Provider <input type="checkbox"/> Instructor <input type="checkbox"/>																
*Academic Qualifications	Diploma <input type="checkbox"/> Degree <input type="checkbox"/> MA/MSc <input type="checkbox"/> PGCE/DipEd <input type="checkbox"/> PhD <input type="checkbox"/>																
<b>Areas of Professional Interest (Please mark to indicate)</b>																	
<table border="0"> <tr> <td><input type="checkbox"/> Arrhythmias/ Pacing / Electrophysiology</td> <td><input type="checkbox"/> Paediatric and Adult Congenital Heart Disease</td> </tr> <tr> <td><input type="checkbox"/> Exercise testing / Chest pain assessment</td> <td><input type="checkbox"/> Emergency Cardiac Care</td> </tr> <tr> <td><input type="checkbox"/> Research</td> <td><input type="checkbox"/> Nuclear /Magnetic Resonance Imaging</td> </tr> <tr> <td><input type="checkbox"/> Cardiac Surgery/ Transplantation</td> <td><input type="checkbox"/> Invasive/ Interventional Cardiology</td> </tr> <tr> <td><input type="checkbox"/> Cardiomyopathy/ Heart Failure</td> <td><input type="checkbox"/> Cardiovascular Pharmacology/ Prescriber</td> </tr> <tr> <td><input type="checkbox"/> Primary/secondary prevention of Coronary Heart Disease</td> <td><input type="checkbox"/> Stroke</td> </tr> <tr> <td><input type="checkbox"/> Heart failure / Echocardiography / Valve disease</td> <td><input type="checkbox"/> Other (please state).....</td> </tr> <tr> <td><input type="checkbox"/> Rehabilitation</td> <td>.....</td> </tr> </table>		<input type="checkbox"/> Arrhythmias/ Pacing / Electrophysiology	<input type="checkbox"/> Paediatric and Adult Congenital Heart Disease	<input type="checkbox"/> Exercise testing / Chest pain assessment	<input type="checkbox"/> Emergency Cardiac Care	<input type="checkbox"/> Research	<input type="checkbox"/> Nuclear /Magnetic Resonance Imaging	<input type="checkbox"/> Cardiac Surgery/ Transplantation	<input type="checkbox"/> Invasive/ Interventional Cardiology	<input type="checkbox"/> Cardiomyopathy/ Heart Failure	<input type="checkbox"/> Cardiovascular Pharmacology/ Prescriber	<input type="checkbox"/> Primary/secondary prevention of Coronary Heart Disease	<input type="checkbox"/> Stroke	<input type="checkbox"/> Heart failure / Echocardiography / Valve disease	<input type="checkbox"/> Other (please state).....	<input type="checkbox"/> Rehabilitation	.....
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<input type="checkbox"/> Rehabilitation	.....																

Please note that all the above details will be entered into the Members-Only online search facility unless requested otherwise. The first membership subscription payment is made by Credit Card and then subsequent payments are automatically collected by Direct Debit once a year in June. If you have any queries regarding BCS membership contact Valérie Honoré at membership@bcs.com

Non-Consultant Tripartite membership of BACPR-BANCC-BCS is **£135 per annum**



Do you wish to receive paper copy of Heart at the members' rate of an additional £80 per annum?  
 YES /  NO

*I certify that the information provided in this membership application is correct. I agree to abide by the Rules and Articles of Association of the BACPR, BANCC and the BCS (these can be viewed in the 'Membership' section of each organisations' website)*

Signature of applicant.....

Date.....



**BCS**  
**9 Fitzroy Square**  
**London**  
**W1T 5HW**  
**Fax number: +44 20 7388 0903**

The Society accepts credit card payment from members for payment of their first membership subscription and subsequent payment will be automatically collected by Direct Debit once a year in June. To pay by credit card, please post or fax the Society (+ 44 207 388 0903) the following details:

PLEASE NOTE WE ARE NOT ABLE TO ACCEPT AMERICAN EXPRESS.

**Credit Card Type:** VISA / MASTERCARD / MAESTRO / JCB

**Credit Card Number:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_  
 (last 3 digits on the back of the card above the signature)

**Valid from:** (Month/Year) \_\_\_\_\_

**Expiry date:** (Month/Year) \_\_\_\_\_

**Issue number** (if applicable): \_\_\_\_\_

**Card Holder Details – PLEASE COMPLETE BELOW**

**Name as appears on the card:** \_\_\_\_\_

**Billing address:**

- \*Address 1
- Address 2
- Address 3
- \* Town/City
- Region
- Postcode/ZIP code
- \* Country

Please deduct the amount(s) below from the above credit card

Membership Subscription: £.....

Paper Heart Subscription: (if applicable) £.....

Total: £..... (Please enter amount owed)

\_\_\_\_\_  
 Signature



Please fill in the whole form using a ball point pen and send it to:

Instruction to your Bank or Building Society to pay by Direct Debit

British Cardiovascular Society 9 Fitzroy Square London W1T 5HW
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Originator's Identification Number

9	1	0	4	8	2
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Reference Number (to be completed by BCS)

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Name(s) of Account Holder(s)


Bank / Building Society account number

--	--	--	--	--	--	--	--

Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager
Bank/Building Society Name
Address
Postcode

Instruction to your Bank or Building Society

Please pay BCS 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 BCS and, if so, details will be passed electronically to my Bank/Building Society.

Full name in capital letters
Signature(s)
Date

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 British Cardiovascular Society will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the British Cardiovascular 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 the British Cardiovascular 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 the British Cardiovascular 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