

## BSUG Membership Application Form



- I wish to apply for Full membership and IUGA (*consultant*) £150   
Associate membership and IUGA (*Non-consultant*) £110   
Associate membership without IUGA £60   
Emeritus membership and IUGA £80   
I have enclosed my CV   
I have completed the standing order mandate   
I have enclosed a cheque for £150/£110/£60/£80

Please delete as applicable: ST (Specialty Trainee) / Associate Specialist / Staff Grade / FY (Foundation Dr) / Trust Doctor

Title: ..... First name: ..... Surname: .....

Correspondence address: .....

.....

..... Post Code:.....

Telephone: ..... Email: .....

Staff Grade ..... Base Hospital and address: .....

.....

Telephone: ..... Email: .....

I agree that the information provided on this form can be used by the BSUG and others working with them for the purposes of the BSUG. I understand my right to ask to see the information held about me by the BSUG.

Signature: ..... Date: .....

BSUG Office use only:

### PLEASE CANCEL ANY PREVIOUS STANDING ORDER SET UP FOR BSUG

Please pay **National Westminster Bank, Paddington Branch** Account name: **British Society of Urogynaecology**  
Account no: **77078624** Sortcode: **60-80-05** The sum of £ \_\_\_\_ amount in words \_\_\_\_\_

To be paid (Date of First payment) \_\_\_/\_\_\_/\_\_\_ and thereafter make like payments on the **1<sup>st</sup> of April** in each following year until further notice, quoting ref: \_\_\_\_\_

I hereby authorise you to set-up this standing order payment on my account:

Name of account:..... Bank sort code:.....

Account no:..... Name of your bank and address:.....

..... Post code:.....

Signature:..... Date:.....