



Application for BSSVD Membership

I wish to apply for membership of the British Society for the Study of Vulval Disease.

Name: _____ Title: _____

Job title: _____

Qualifications: _____

Speciality: Nurse Practitioner/General Practitioner/Other (please specify)

Work address - for mailing (full address, including post code):

Hospital/Practice: _____

Address: _____

Telephone number: _____

E-mail address: _____

I wish to apply for membership of the Society and will abide by the constitution of the BSSVD

Signed: _____ Date: _____

Annual membership fee rate (please indicate which category is applicable):

Senior Medical staff £50 Junior Medical staff/non-medical staff £10

Payment is required by standing order to:

Bank Name: Lloyds Bank Plc

Account Name: British Society for the Study of Vulval Disease

Sort Code: 30-94-97

Account Number: 01813440

Standing Order has been set up with my bank

Name on bank statement: _____ Date: _____

Please send this form to:

BSSVD Team at 91 Park Lane, Sutton Bonington, Leicestershire, LE12 5NQ or admin@bssvd.org

If you would like to find out more about how we keep your details safe and how the information you give us is used, then please read our Privacy Notice which is available at www.bssvd.org