**Standing Order Form for BSSVD Membership (to the bank)**

|  |
| --- |
| Your Details |
| Name: |  |
| Job title: |  |
| Address: |  |
|  |  |
| Branch name (being debited) |  |
| Sort Code (being debited) |  |
| Account Number (being debited) |  |

|  |
| --- |
| Details of Standing Order |
| Does this instruction replace any existing standing order |  |
| Recipient’s Name | British Society for the Study of Vulval Disease |
| Payment Reference (if required) | BSSVD Membership |
| Payment Amount (£60 or £20) | Full membership £60 Trainee/Specialist Nurse £20 (Delete as appropriate) |
| First Payment Date |  |
| Payment Frequency | Yearly |
| Recipient Bank  | Lloyds Bank Plc |
| Recipient Branch Name | High Street Leicester |
| Recipient Sort Code | 30-94-97 |
| Recipient Account Number | 01813440 |
| Please say “No” if you do not agree to a recurring payment |  |
| Please give any special instructions |  |

**I authorise you to debit my/our account in accordance with your standard payment terms**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send a copy to your bank and admin@bssvd.org

**Application for BSSVD Membership (to** **admin@bssvd.org****)**

I wish to apply for membership of the society with the benefits of membership in accordance with the society’s website and will abide by the constitution of the Society.

First Name .....................……………………………………………………..................... Title ...................

Family Name .....................…………………………………………………….....................

Job title ...........…………………………………………………………………………………………………………........................

Speciality: Nurse Practitioner General Practitioner Other (please specify)

………………………………………………………………………………………………………………………………………………………………

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

Practice Name...................................................................................................……………………….......................

Address..............................................................................................................................……………………

 ..............................................................................................................................……………………

Mobile number ………………………….............…………………………

E-mail address ……………................................................................................................…………………..

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

Signed...................................................................................................……………………..............................

Date.................. .........................................................................................................................................

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](http://www.bssvd.org)