FOR OFFICE USE ONLY	Y		
Membership Number :	Payment Method:	Process Date:	

THE BRITISH MEDICAL ULTRASOUND SOCIETY

27 Old Gloucester St, London, WC1N 3AX. Tel: 020 7636 3714; Fax: 020 7323 2175; Web: www.bmus.org

Application for Membership 2015Membership is for one year from the date you join until the end of the



preceding month, 12 months later.				
PERSONAL DETAILS (please complete using	BLOCK CAPIT.	ALS)		
Title:				
Surname:				
Forename(s):				
Date of Birth: / /	Gender:	Male 🔲	Female	
Qualifications (with year):				
Profession:	Speciality:			
I am applying for membership of the British Medical U Consultant / GP / Veterinarian: Overseas member: European member: Consultant Sonographer / Consultant Clinical Scientis Sonographer / Doctor in training / Clinical Scientist / Technical staff / AAA Technician / Vascular: Retired Member / Unwaged Member: Student (Course Leader signature required—see overlet)	st: Physicist / Manufac		g category (plead #112.00	ase tick): -
WORK ADDRESS				
Job Title:				
Hospital:				
Department:				
Address:				
		Pos	t Code:	
Tel: Fax:				
Email (mandatory information):				
HOME ADDRESS				
Home Address:				
		Pos	st Code:	
Tel: Mob:				
Email (mandatory information):				
Preferred address for correspondence (incl. Journal)): HOME	WORK		
Membership of Other Societies:				
RCR SOR IPEM		JOG 🔲		
Others (please specify):				

COURSE LEADER DETAILS (this must be completed ONLY for student membership)				
Name:				
Signature:	Date:	/	/	
University / Institution:				

AREAS OF INTEREST: please tick as appropriate

Breast	Veterinary
Head & Neck	Cardiovascular
Obstetrics	Accident & Emergency
Paediatrics	MusculoskeletaL
Contrast	Physiotherapy
Vascular	Gynaecology
Elastography	Urology
Other (please speci	fv)·

Current membership totals over 1800 from both the UK and overseas (approx.10% of members are from outside the UK)

The BMUS membership year runs 12 months from the date you join . A renewal notice will automatically be sent out 2 months before your membership ends.

- BMUS offers five methods of payment: Direct Debit, Credit/Debit Card, BACS, Cheque or by PayPal
- If you join part-way through the year, you will be able to access the previous ultrasound journals & newsletters online through the BMUS website

Data Protection Notice: BMUS treats all personal information with the utmost confidentiality and with appropriate levels of security. By joining BMUS you agree to our processing your personal information.

THE BRITISH MEDICAL ULTRASOUND SOCIETY GUARANTOR FORM

I apply for membership of the above Society and if granted I, the undersigned, hereby undertake in accordance with Clause 7 of the Memorandum of Association of The Society to contribute to the assets of the Society. In the event of it being wound up while I am a member or within one year after I shall cease to be a member, for payment of the debts and liabilities of the Society contracted before I shall cease to be a member, and of the costs, charges of expenses of winding up, and for the adjustment of the right of the contributors among themselves, such amount as may be required not exceeding £1.00.

Signed: Date: / /

The British Medical Ultrasound Society is a multi-disciplinary body whose objectives are:

- The advancement of the science and technology of ultrasonics as applied to medicine
- The maintenance of the highest standards in these fields
- The advancement of education and research in these areas, and dissemination of the results
- The provision of advice and information regarding ultrasound to the public

Membership of the society is drawn from a wide range of disciplines including medical and paramedical professions, physicists, engineers, nurses, midwives, technicians, general practitioners, vets and others with an interest in medical ultrasound both in the UK and overseas.

Registered Office: 27 Old Gloucester St, London, WC1N 3AX

Registered Charity No: 289541 **Company registration No:** 1794511





What BMUS gives you in return

Quarterly printed scientific journal—'Ultrasound'

Regular printed newsletters

Online access to journal articles and content

Access to Members' area of the BMUS website

Discounted rates for all BMUS events & study days

Discounted rates for the BMUS Annual Scientific Meeting

Reduced rates for meetings organised by EFSUMB & WFUMB

Discount on Ultrasound in Medicine & Biology (the official journal of WFUMB)

1 free e-mail issue per year of 'Ultraschall' (journal of EFSUMB)

Full voting rights

Opportunity to stand for election to BMUS Committees and Council

Opportunity to apply for BMUS awards and prizes

Payment Form

Please tick the appropriate I WISH TO PAY BY CHEOUE or BACS Cheques should be made payable to 'BMUS' and crossed "a/c payee only" for the correct amount in Pounds Sterling. Please attach your cheque to the completed application form before posting. BACS payments should be paid to 08-60-01 A/C 20237031 quoting your name & membership number. I WISH TO PAY BY CREDIT / DEBIT CARD Please fill the details below Name as it appears on Card: Card No: Card type: Visa Mastercard Maestro/Switch Start date (mm/yy): Expiry date (mm/yy): Issue Number (where applicable) Amount: £ DIRECT DEBIT - Please see overleaf for the form **GIFT AID** giftaid it If you are a UK tax payer and not already claiming back your subscription as a professional expense, you could help BMUS claim 20% of your membership subscription back from Her Majesty's Revenue and Customs at no cost to you. You could help BMUS keeps its membership costs as low as possible. All you need to do is complete the declaration below. I confirm that I am a UK taxpayer. I wish BMUS to claim Gift Aid on all my membership subscription payments, from the date of this declaration until I notify you to the contrary. NAME: _____ ADDRESS: ____

SIGNED _____ DATE: ____

POSTCODE ____

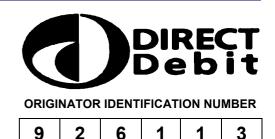
If you wish to pay by Direct Debit please fill in the form below and return it to BMUS

BMUS



British Medical Ultrasound Society

27 Old Gloucester Street London WC1N 3AX Tel: 020 7636 3714



INSTRUCTIONS TO YOUR BANK OR BUILDING SOCIETY TO PAY DIRECT DEBITS

To the Manager			
NAME OF THE BANK/BUILDING SOCIETY			
ADDRESS	POSTCODE:		
NAME OF ACCOUNT HOLDER(S):			
Please tick the appropriate: I wish to pay as ONE SINGLE PAYMENT OF £ Instruction to your bank or bui Please pay The British Medical Ultrasound Society (BMUS) Direct Deject to the safeguards assured by the Direct Debit Guarantee. I understar Medical Ultrasound Society (BMUS) and, if so, details will be passed elements.	ebits from the account detailed in this instruction sub- id that this instruction may remain with The British		
Signature: Date: / /	FOR OFFICE USE ONLY BMUS Membership no:		

_____tear-off slip______ 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, BMUS will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request BMUS 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 BMUS 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 BMUS asks you.
- 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.