



The Hellenic Medical Society - UK

Hellenic Medical Society UK  
16-18 Paddington St.  
London W1U 5AS,  
UK  
Tel/Fax: +44 (0) 207  
487 5060  
E-mail:  
[secretary@hellenicmedicalsocietyuk.org](mailto:secretary@hellenicmedicalsocietyuk.org)

## MEMBERSHIP APPLICATION

Title: . . . Surname: . . . . .

Forename(s): . . . . .

Place & year of graduation: . . . . .

Qualifications (Degrees): . . . . .

Position: . . . . .

Specialty: . . . . .

### Subscriptions

Couples:	£50
Full Membership:	£40
Undergraduate:	£15

Institution:

Department:

Work address:

City:

Post code:

Work telephone number:

Work fax:

Work e-mail:

Current contract ends (date):

Next appointment and place of employment  
(if known):

Home address (if different from work address)

City:

Postcode:

Home telephone number:

Home fax:

Home e-mail:

Communications should be sent to:

Home - Work - Other (specify address): (Please circle)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Allow approximately 6 weeks for the processing of your application.**

**IMPORTANT NOTE:** Please notify changes to your address/contact details immediately by writing/e-mail, to avoid losing contact with the Society.

(Your name and address)

.....  
 .....  
 .....  
 .....

To the Manager of .....Bank  
 ..... (please complete your Bank's address)  
 .....  
 .....

..... (Date)

Dear Sir/Madam

I would like to arrange for the enclosed Standing Order to be paid to the Hellenic Medical Society of Great Britain immediately on receipt of this letter \* or on 1<sup>st</sup> January 200\_ \* and yearly thereafter on January 1<sup>st</sup> of each year.

Yours sincerely

\* Delete as applicable

**STANDING ORDER MANDATE**


Please complete all the lines marked with the  sign

Please pay  
 for the credit of  
 the sum of  
 commencing  
 until

BANK		BRANCH TITLE (Not address)		SORTING CODE NUMBER									
BANK OF CYPRUS (LONDON) LTD		CHARLOTTE STR.		30 - 00 - 37									
BENEFICIARY'S NAME						ACCOUNT NUMBER							
THE HELLENIC MEDICAL SOCIETY - UK						3	0	0	6	7	4	1	1
AMOUNT IN FIGURES				AMOUNT IN WORDS									
£ 15				Fifteen pounds									
DATE AND AMOUNT OF FIRST PAYMENT						DUE DATE AND FREQUENCY							
Immediately * or 1 January 200_ *				£ 15		and thereafter every		year on January 1st					
until you receive further notice from me/us in writing													

PLEASE CANCEL ANY PREVIOUS STANDING ORDER OR DIRECT DEBIT IN FAVOUR OF THE BENEFICIARY NAMED ABOVE


ACCOUNT TO BE DEBITED  
 (your account's name as it appears in your chequebook)



ACCOUNT NUMBER  
 (your account's number)

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 NAME(S) & SIGNATURE(S): \_\_\_\_\_ (Name of the applicant and signatures)

 DATE: \_\_\_\_\_ necessary for cashing the cheque)

NOTE: The Bank will not undertake to  
 (i) make any reference to Value Added Tax or other indeterminate element  
 (ii) advise payer's address to beneficiary  
 (iii) advise beneficiary of inability to pay  
 (iv) request beneficiary's banker to advise beneficiary of receipt  
 Banks may decline to accept instructions to charge Standing Orders to certain types of account other than cheque accounts. 273 (2/86)

Return this form completed to the Hellenic Medical Society (UK), 16-18 Paddington St., London W1U 5AS.

