

BCIS Registration

APPLICATION FOR MEMBERSHIP

British Cardiovascular Intervention Society - Registered Charity No. 1073454

Are you a Consultant/SpR/Nurse/Technician/Radiographer/Other

Title: Dr/Mr/Mrs/Miss/Ms/Other

First Name:

Surname:

Job Title:

Address:

Postcode:

Tel:

Email:

Signature:

Date:

This section is to be completed with the proposer's details who must be a fully paid up member of BCIS

Name:

BCIS No:

Job Title:

Hospital:

Signature:

Date:

Subscription to BCIS is payable annually by standing order, a mandate form is included with this booklet, please complete both the membership and mandate form and forward both to:

BCIS Secretariat
c/o British Cardiac Society
9 Fitzroy Square
London
W1T 5HW

Tel: 020 7380 1919
Fax: 020 7388 0903
Email: bcis@bcs.com
Web: www.bcis.org.uk

