

Completing the application form

Prospective new members should complete and return the application form and appropriate membership fee:

1. BAPM Subscription Fee:

The membership year runs from 01 April – 31 March.

a) UK Members

Membership subscription fees are collected on an annual basis (01 April) via Direct Debit.

b) Non-UK Members

If non-UK applicants hold a current account with a bank in the UK, payment should be arranged by Direct Debit as above. For those without a UK bank account BAPM will send an annual invoice when payment is due.

Annual Membership fees are as follows:

Membership Type:	Annual Membership Fee:
Medical Members:	£125.00
Non-Medical Member:	£50.00
Trainee Member:	£75.00
Foundation Year Doctor:	£25.00
*Medical/Nursing Student:	£0.00

2. Applications received part way through the year (please send payment with your application)

As Direct Debit payments are collected on an annual basis only, new members are required to pay their first subscription fee either by cheque (send with application form) or by phoning the BAPM office with your credit/debit card details on +44 020(7) 092 6086.

The following charges are incurred for applications received part-way through the year:

Application Received	Medical Member	Non-Medical Member	Trainee Member	Foundation Year Doctor	Medical/Nursing Student*
01 April – 30 June	£125.00	£50.00	£75.00	£25.00	£0.00
01 July – 30 Sep	£95.00	£50.00	£75.00	£25.00	£0.00
01 Oct – 31 Dec	£65.00	£25.00	£40.00	£25.00	£0.00
01 Jan – 31 Mar	£30.00	£25.00	£40.00	£25.00	£0.00

* The free student rate applies only to those on Bachelor of Medicine, Bachelor of Surgery courses, or BSc/BNurs courses. It does not apply to PhD, MSc, or ANNP students.

On return of the completed application form (including the Direct Debit mandate) your application will be provisionally accepted and you will immediately receive the benefits of being a BAPM member. Your membership will be reviewed at the next meeting of the Executive Committee (we may seek further information regarding your application at this point) and then formally ratified at the next Annual General Meeting (held each September), when you will receive your membership certificate.



Instruction to your bank or building society to pay direct debits

Please complete the whole form and return to:
British Association of Perinatal Medicine
5 –11 Theobalds Road
London WC1X 8SH
Charity No. 285357



Originator's Identification Number

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Ref no (office use only)

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1. Name and full postal address of your Bank or Building Society branch

To The Manager:	Bank / Building Society
Address:	
Postcode:	

2. Account Holder(s) Name(s)

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3. Branch sort code

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4. Bank/building society account number

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

5. Instruction to your Bank or Building Society

Please pay British Association of Perinatal Medicine Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

Signature:	Date:
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The 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 BAPM will notify you at least 10 working days in advance of your account being debited or as otherwise agreed. If you request BAPM 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 BAPM 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 BAPM asks you to. 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 (BAPM).

GIFT AID DECLARATION

Please complete and return to:

British Association of Perinatal Medicine
5-11 Theobalds Road
London
WC1X 8SH
Charity No: 285357



BAPM ref (office use only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1. Name of Charity

BRITISH ASSOCIATION OF PERINATAL MEDICINE

2. Details of donor(s)

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

First Name(s)

Surname:

Home Address:

Post code:

3. Declaration

I want the British Association of Perinatal Medicine (BAPM) to treat as Gift Aid Donations all donations I have made since 6 April 2002, and all donations I make from the date of this declaration until I notify you otherwise.

Signature:

Date

4. Notes

Please note that you must pay an amount of income tax and/or capital gains tax at least equal to the tax that the BAPM reclaims on your donations in the tax year (i.e. 25p for every £1 donated).

You may cancel this declaration at any time by notifying the BAPM Finance and Communications Officer.

If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that BAPM reclaims, you can cancel your declaration.

Higher rate tax relief is available to donors at the difference between the higher rate of tax (40%) and the basic rate of tax (20%) so if you pay tax at the higher rate, you can claim further tax relief in your Self-Assessment Tax Return.

Please notify BAPM if any of the above details change. It may be useful for you to keep a copy of this form for your tax purposes.



Checklist

1. Complete membership application
2. Complete Direct Debit form for payment from next April
3. Include correct payment for first year's (part-payment) until next April
4. Complete Gift Aid form (optional)