

Norwich Medico-Chirurgical Society

Radiology Department, East Block level 2, Norfolk and Norwich University
Hospital, Colney Lane, Norwich, NR4 7UY Tel: 01603 286101 Fax: 01603
286077

MEMBERSHIP FORM

Please print and complete this form in block letters and send to the Administrator
at the above address.

Title and Name:

.....

HOME Address & Post Code:

.....

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Home Tel:

.....Email:.....

WORK Address

.....

.....

Work Tel:.....

Email:.....

**Important: Please state your preferred address for Society emailings:
HOME/WORK**

Signed.....**Date**.....

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Colney Lane, Norwich, NR4 7UY Tel: 01603 286101 Fax: 01603 286077

BANKER'S ORDER FORM (New Member)

(Please return completed to Doreen Brookes at the above address. We will forward the form to your bank once we have added your unique reference number.)

To: Bank

Address:

.....

.....

..... Post Code

Please pay to the account of the Norwich Medico-Chirurgical Society
(account no. 30680265) at the Barclays Bank PLC, 5/7 Red Lion Street,
Norwich, NR1 3QH, sort code **20-62-53** as follows:-

Twenty-Five Pounds (£25.00) **annually** on **1st January** until further notice by me in writing.

Please debit my account:

Account in the name(s):

Account number:

Sort code: - -

PLEASE REFERENCE THIS PAYMENT AS "Norwich Med Chi Society"

Name (Please print)

Signature

Date