



Bangladesh Medical Society in the UK
বাংলাদেশ মেডিকেল সোসাইটি ইন দি ইউকে

MEMBERSHIP FORM

(Please write in capital letters and send the completed form to the Treasurer of the Society)

Surname: _____
Other Names: _____
Home Address: _____

_____ Post Code _____
Telephone: _____
Name of the Proposer: _____
Name of the Seconder: _____
(The Proposer & the Seconder must be fully paid members of BMS-UK)
Signature of the Applicant: _____ Date: _____

Standing Order

(Please write in capital letters)

To
The Manager _____ Bank PLC
Branch: _____
Address: _____

Title of the Account to be debited: _____
Account No: _____ Bank Sort Code: _____

Please pay Bangladesh Medical Society a sum of £15.00 (Fifteen Pounds) on receipt of this form and thereafter on the **1st April each year** until further notice. This money is to be credited to: **A/C 51202871 (Bank Sort Code: 40-17-41)**, HSBC PLC, 101 Front Street, Chester-le-Street, County Durham DH3 3BL. This order cancels all previous standing orders in relation to Bangladesh Medical Society.