

ACTA ("the Company")
Registered No: 4577152

APPLICATION FOR MEMBERSHIP

Subject to the Memorandum and Articles of Association of the Company and to any rules for the time being made thereunder and to any terms for membership applicable to the Company I hereby apply for membership of the Company and in the event of the Company being wound up while I am a member, or within one year afterwards, I undertake to contribute such amount as may be required, not exceeding £1.00 for payment of the debts and liabilities of the Company contracted before my ceasing to be a member and of the cost, charges and expenses of winding up and for the adjustment of the rights of contributories among themselves.

Signature(Applicant)

Full Name.....

Home Address.....

.....

E-mail

Dated:

**Return to:**

ACTA Administrator
The Royal College of Anaesthetists
Churchill House
35 Red Lion Square
London WC1R 4SG
Email - acta@rcoa.ac.uk

Membership Details

May 2015

Name: Title _____ First _____ Middle Initial(s) _____ Surname _____ GMC No. _____ RCoA reference number (if applicable) _____
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Hospital Address: _____ _____ _____ Post Code _____ Telephone _____ Mobile _____ Hospital E-mail _____ Personal Practice <input type="checkbox"/> Adult <input type="checkbox"/> Children <input type="checkbox"/> Cardiac <input type="checkbox"/> Thoracic <input type="checkbox"/> ICU <input type="checkbox"/> Transplant Home Address: _____ _____ _____ Post Code _____ Telephone _____ Home E-mail _____
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Preferred Mailing Address (tick) Hospital _____ Home _____
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ACTA Membership: (Please tick) ___ £60 pa Full (UK & Eire) Consultant Membership ___ £30 pa Associate Membership - Trainee & NCCG discounted rate Overseas Membership ___ £10 pa Retired Full Membership Seniority: Consultant ___ Trainee ___ Other (state) _____

Subscription payments Annual Direct Debit _____ (Annual Cheque _____) (Please can all UK applicants complete mandate) (Overseas applicants only) Please note: direct debits are not available to account holders outside the UK banking system



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form legibly using a ball point pen and send to:

ACTA Administrator
The Royal College of Anaesthetists
Churchill House
35 Red Lion Square
London
WC1R 4SG

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager Society	Bank / Building
Address	
Postcode	

Originator's Identification Number

6	7	1	7	2	5
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Reference Number

		0	0	0			
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Instruction to your Bank or Building Society

Please pay the Association of Cardiothoracic Anaesthetists Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with the Association of Cardiothoracic Anaesthetists and, if so, details will be passed electronically to my Bank or Building Society.

Signature(s)

Date

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



This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Association of Cardiothoracic Anaesthetists will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Association of Cardiothoracic Anaesthetists or your Bank or Building Society you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

