



British Society for Sexual Medicine Membership Application Form

Please complete in BLOCK CAPITALS

Title:

Name:

Surname:

FOR OFFICE USE ONLY:

Received _____

Processed _____

Accepted _____

Membership No _____

Correspondence address:

Telephone: _____ (work) _____ (mobile)

E-mail: Please print clearly

Professional Qualifications:

GMC Registration number (if applicable):

Institution:

Signature of the applicant _____ Print name _____

Date _____

Please provide the names and details of two referees who are working in the sexual medicine field in the UK, one of whom is a BSSM member:

| | 1st referee | 2nd referee |
|---------------------------|-------------------------------|-------------------------------|
| Name & surname | | |
| Contact details | | |

**PLEASE RETURN this form to
Sally Hackett, BSSM Administrator,
Holly Cottage, Fisherwick, Nr Lichfield. Staffordshire WS14 9JL**



British Society for Sexual Medicine
Standing Order

Please complete this form in BLOCK CAPITALS
and send it to:

FOR OFFICE USE ONLY:

Received _____

Membership No _____

Sally Hackett, BSSM Administrator,

Holly Cottage, Fisherwick, Nr. Lichfield. Staffordshire WS14 9JL

BSSM Member details:

Name & surname

Address.....

.....

Bank Account details:

Name of Payer's Bank

Bank Address.....

.....Postcode.....

Sort Code - - A/C Number

Amount payable: **£120-00 (One Hundred and Twenty) Pounds Sterling only**

Date of first payment: **1st JANUARY 2010**

Please make the payments detailed above and debit my/our account.

Payments to be made to: **HSBC** Name: **British Society for Sexual Medicine**

Account No: **71400436**

Sort Code: **40-28-18**

Payments are to continue yearly from the above date or until further notice is received in writing.

This instruction cancels any previous order in favour of the BSSM.

Signature: Date.....