

# Join CMA (UK), or subscribe to the CMQ Membership/subscription Application Form & Banker's Order

(Please complete all relevant sections)

To: The Hon Registrar,  
The Catholic Medical Association (UK)  
39 Eccleston Square, London, SW1V 1BX

**I apply to become a member of The Catholic Medical Association (UK) and send herewith a completed Banker's Order (below) or cheque for the appropriate annual subscription**

(Standard Membership £50, Concessionary rate\* £30, Joint Members £60, Student Member £10)

(\*Concessionary Rate must be individually requested, see below)

**OR I wish to become a subscriber to the Catholic Medical Quarterly (£25 p.a.)**

Name .....

Qualifications ..... Students – expected date of qualification.....

Telephone No ..... email .....

1. Permanent Address (or home address for Students)

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2. Professional Address (or college address for students)

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.....

Preferred address for mailing (1 or 2) ..... Preferred Branch for Membership .....

Signature .....

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\*This rate is intended for UK and Ireland members those who are not higher rate tax payers. Higher rate tax payers who Gift Aid their membership can claim back additional money in their annual tax return.

Declaration

My current income means that I am not a higher rate tax payer and I wish to claim the concessionary subscription rate of £30 per annum. I will notify you if my income rises above £41,000 (2014 threshold).

Signed .....

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The Catholic Medical Association (UK) Banker's Standing Order Date:.....

To: (Name & Address of Bank) .....

Bank Sort Code:..... Account No.....

Please pay forthwith to Lloyds Bank plc, Langham Place Branch, 324 Regent Street, London W1B 3BL (Sort Code No: 30-93-68) for the account of the Catholic Medical Association (UK), Account No: 00081844, the sum of £..... being my Annual Subscription for Membership and thereafter pay this amount annually every 1<sup>st</sup> October commencing 1<sup>st</sup> October next quoting my name and membership number on all transactions. This order supersedes all previous orders to this body or to the Guild of Catholic Doctors.

Signature .....

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I am/am not willing to Gift Aid my subscription or any future donations I make to the Association.  
Please let me have details.