



Membership application form 2015

Institute of Biomedical Science

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F: 020 7837 9658

E: mail@ibms.org

W: www.ibms.org

Social media: ibms.org/followus

Newsletter: ibms.org/newsletter

Application type

New ☐ **Upgrade** ☐ **Re-joining** ☐ (Line for office use only) _____
Associate ☐ **Licentiate** ☐ **Member** ☐ **Fellow** ☐

I wish my membership of the IBMS to start from:

1 Jan ☐ 1 April ☐ 1 July ☐ 1 Oct ☐

My preferred mailing address:

Home ☐ Work ☐

Your details

Surname..... Title (Mr/Mrs/Miss/Ms/Dr/Prof).....
Forenames..... Previous name(s).....
Home address.....
Town..... Postcode.....
Date of birth..... Country.....
Tel number..... Mobile number.....
Email (home)..... Membership number (if known).....

Current employment

Job/Job title..... NHS pay band..... Start date.....
Company/Hospital..... Department.....
Address.....
Postcode..... Country.....
Tel number..... Fax number.....
Email address (work or home)..... HCPC number (if registered).....

Please indicate main specialty in which you practise with '1'

Clinical chemistry <input type="checkbox"/>	Cytology <input type="checkbox"/>	Education <input type="checkbox"/>	Haematology <input type="checkbox"/>
Histopathology <input type="checkbox"/>	Immunology <input type="checkbox"/>	Virology <input type="checkbox"/>	Medical microbiology <input type="checkbox"/>
Parasitology <input type="checkbox"/>	Serology <input type="checkbox"/>	Genetics <input type="checkbox"/>	Blood sciences <input type="checkbox"/>
Transfusion science <input type="checkbox"/>	Veterinary practice <input type="checkbox"/>	Other.....	

Do you have a specific responsibility for (please tick one box only):

Training <input type="checkbox"/>	R&D <input type="checkbox"/>	Safety <input type="checkbox"/>	Management <input type="checkbox"/>
Quality <input type="checkbox"/>	Advanced practice <input type="checkbox"/>		

Previous employment and professional history (information will be used to assess professional experience)**Dates: to-from****Company/Hospital****Post held (grade & title)**

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Qualifications

Copies of certificates must be enclosed with your application unless these have yet to be presented, in which case you should send copies of official notification. A UK NARIC statement of comparability must be sent for all qualifications gained overseas. Applicants with research degrees must state the title of their thesis and main subject.

Date awarded	Awarding body	Subject	Qualification

How do you follow / find out about us (can tick more than one)

Word of mouth <input type="checkbox"/>	University <input type="checkbox"/>	Internet search <input type="checkbox"/>	Workplace <input type="checkbox"/>	The Biomedical Scientist <input type="checkbox"/>
Website <input type="checkbox"/>	Newsletter <input type="checkbox"/>	Twitter <input type="checkbox"/>	Facebook <input type="checkbox"/>	LinkedIn <input type="checkbox"/>
Other.....				

Declarations

ALL the following declarations must be completed, unless stated otherwise, so we can process your application.

Are you aware that claims of professional negligence, error or omission have ever been made against you? No ☐ Yes ☐

Are you aware of any circumstances, allegations or incidents which may give rise to a claim against you for professional negligence, error or omission? No ☐ Yes ☐

If yes to either of the above, please provide full details in an accompanying letter.

I declare that I am eligible for the selected category of membership and that I will notify the IBMS if my name is removed from the Health and Care Professions Council (if applicable). ☐

I acknowledge that it is my responsibility to inform the IBMS if there is any change to my personal or workplace details. ☐

I have read, understood and agree to abide by the Institute's Code of Conduct (available in membership pack, at www.ibms.org/codeofconduct or by emailing mail@ibms.org) ☐

We like to keep you informed about **IBMS** services, campaigns, events, publications and new initiatives. It is also important for us to find out your views on a range of issues. This may be by post, telephone or electronic mail. Should you **not** want us to do this, please tick this box. ☐

If you would like to receive information about biomedical science from third party organisations please tick this box. ☐

I, the undersigned, apply for membership of the IBMS and declare that the foregoing statements are correct.

Signature.....

Date.....

Subscription rates and information 2015

	Standard rates	Discounted rates*	10 Monthly instalments (March - December)
Fellow	£163	£158	£16.30
Member	£133	£128	£13.30
Licentiate	£94	£89	£9.40
Associate	£51	£46	£5.10
Retired	£36	£31	N/A
Concessionary	£51	£46	£5.10
Airmail postage**	£85	N/A	£8.50

* **Discounted subscription rates** are available for those paying by **annual Direct Debit only**.

** For overseas applicants publications will be sent by surface mail unless **you choose the Airmail option**.

The IBMS is an approved professional body so you can make a claim for **tax relief** against your membership subscription. For full details on tax relief including how to make a claim visit www.ibms.org/taxrelief.

Quarterly payment details

Subscription fees for those applying for membership in different quarters of the years.

	2015 fees	1 April - 31 Dec	1 July - 31 Dec	1 Oct - 31 Dec
Fellow	£163	£122.25	£81.50	£40.75
Member	£133	£99.75	£66.50	£33.25
Licentiate	£94	£70.50	£47.00	£23.50
Associate	£51	£38.25	£25.50	£12.75
Airmail	£85	£63.75	£42.50	£21.25

Payment options

Discounted subscription rates are available for those paying by annual Direct Debit only. Those paying by card or cheque will pay the standard rate.

By direct debit: please enclose a completed direct debit mandate. Please note that it is not possible to pay by Direct Debit for the last quarter.

Subscription fee £.....

Registration fee £.....

All applicants joining or upgrading to Licentiate membership must return a one-off registration fee of £20. The registration fee will also be applicable if it has never been paid before for those members applying to upgrade their membership or re-join the Institute.

Airmail (see fee table) £.....

I live overseas and wish to receive *The Biomedical Scientist* by airmail (optional - if you do not choose the airmail option your post and publications will automatically be sent by surface mail).

Total £.....

By cheque: I enclose a cheque, payable to Institute of Biomedical Science or IBMS

Sterling bank drafts must be payable to Institute of Biomedical Science or IBMS. Due to fluctuating exchange rates drafts must be in sterling.

By debit or credit card (please note that the IBMS does not take international Maestro cards or Amex)

Please contact us if you wish to pay your subscriptions by credit/debit card to a member of staff over the phone. Please note that these details are used for one payment only and card details will have to be re-supplied for each renewal.

Visa ☐
 Mastercard ☐
 Maestro ☐
 Delta ☐
 Solo ☐
 Electron ☐

Card number

[illegible]

Valid from:

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Expiry date:

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Issue number:

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(UK maestro and Solo only)

Security code (last 3 digits):

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Amount to be debited

£

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Name of card holder..... (as it appears on your card)

Address of card holder.....

Town..... Postcode.....

Signature.....

Thank you for joining the IBMS

A welcome letter, your membership number and card will be posted to you once your application has been processed.

Please get in touch on **mc@ibms.org** if you have any queries about your application.

Official use only	Acknowledged	Amount	Credit	MC Req	Correspondence



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

Service User Number

9	9	8	6	4	5
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Please fill in this form using a ball point pen and send it to:

Institute of Biomedical Science
12 Coldbath Square
London
EC1R 5HL

Name(s) of account holders

Bank/building society account number (must be 8 digits)

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Branch sort code (must be 6 digits)

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Name and postal addresses of your bank or building society

To: The Manager	Bank / building society
Address	
Postcode	

I wish to pay my subscription (please tick)

Annually ☐ Collected on 15 January or first working day thereafter. £5 discount applies

Monthly ☐ March - December 10 monthly instalments collected on 1st working day of each month

Where a bank account holder and member names differ, subscription may only be collected where the address of the account holder is provided on the reverse of the mandate.

Instruction to your bank account or building society

Please pay IBMS 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 IBMS and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

IBMS membership number (if known)

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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 accept instructions to pay Direct Debits

If there are any changes to the amount, date or frequency of your Direct Debit IBMS will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request IBMS to collect a payment, confirmation of the amount and date will be given to you at the time of the request

If an error is made in the payment of your Direct Debit, by

IBMS or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society

– If you receive a refund you are not entitled to, you **must** pay it back when IBMS asks you to

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.