



The Primary Care  
Rheumatology and  
Musculoskeletal  
Medicine Society

PCRMM Society  
PO Box 42  
Northallerton  
North Yorkshire DL7 8YG  
Charity Registration Number: 107558  
Telephone: 07921 855333  
E-mail: contact@pcrmm.org.uk

## MEMBERSHIP APPLICATION/RENEWAL FORM

Full Name.....

Address.....

County, Postcode.....

Telephone: ..... (Mobile) ..... (Work) ..... ( Home)

***Important: - Please give/Update us with your most reliable email address***

Email address: .....

### Subscriptions are as follows:

Ordinary GP	Retired	Nurse and allied health professional	Junior doctors, medical students and other health professionals in training	Qualified primary care clinicians enrolled on University diploma and MSc courses in MSK and rheumatology
£100.00	£55.00	£50.00	Free	Free for one year

I wish to subscribe by Direct Debit - *preferred method*

(form enclosed)

I am enclosing a cheque to cover my Membership

Please debit my Access/Visa Account

Card no:

Expiry Date: /

Signed..... Date.....

### Gift Aid Declaration

Please consider signing this Declaration as it allows us to reclaim a further 25% of your membership/donation to PCRMM. This does not affect your tax position or cost you anything. Your support will enable us to continue and expand the work we do.

Please reclaim the tax on all my donations to the Primary Care Rheumatology Society until I notify you otherwise.

Signed..... Date.....

Please return to: Claire Doherty, PCRMM Society, PO Box 42, Northallerton, North Yorkshire DL7 8YG

Please complete sections marked with asterisk\*

\* Full Name of PCRMM Member: .....

**BANKERS ORDER**

Please complete the form below and return it your application form to:

PRIMARY CARE RHEUMATOLOGY MUSCULOSKELETAL MEDICINE SOCIETY  
P O BOX 42, NORTHALLERTON, NORTH YORKSHIRE DL7 8YG

\* Name and full address  
of donors bank:

To: .....  
.....  
.....

**Please pay to the credit of:** The Primary Care Rheumatology Musculoskeletal Medicine Society.  
**Sort Code** 20-61-46 **Account No** 80379298  
Barclays Bank, PO Box 40, Northallerton, N Yorkshire DL7 8YD

**Annual Sum to be paid:** £ .....  
(the equivalent to the annual membership subscription due to the Charity as at date of payment, whichever is greater)

\* **Date when payments start:** .....

\* **Signed** ..... **Date** .....

**A/C to be debited:**

\* Title and full name in capitals: .....

\* A/C Name if different .....

\* A/C Number: ..... Sort Code: .....