



# The Scientific and Medical Network

## **Application Form for Membership of the Network**

To help us when photocopying your form, please use BLOCK CAPITALS and complete in black ink.

When you have completed the form, please return it to:

SMN Applications,  
P.O. Box 11,  
Moreton-in-Marsh,  
Gloucestershire,  
GL56 0ZF

If you have any queries regarding your application, please email [info@scimednet.org](mailto:info@scimednet.org), or telephone the office on 01608 652000.

|                 |
|-----------------|
| OFFICE USE ONLY |
| Membership No.  |
|                 |
| Joining Date    |
|                 |

### PERSONAL DETAILS

|  |                             |                  |  |
|--|-----------------------------|------------------|--|
| Title(please circle)   | Mr Mrs Miss Ms Dr Professor |                  |  |
| Surname  |                             |                  |  |
| Forenames  |                             |                  |  |
| Date of Birth  |                             |                  |  |
| Contact Address  |                             |                  |  |
| Postcode/Zip Code  |                             |                  |  |
| Email Address  |                             |                  |  |
| Daytime Telephone  |                             | Mobile Telephone |  |
| Your current Occupation and Position   |                             |                  |  |
| How did you hear about the Network?  |                             |                  |  |
| Reason for joining<br>(please summarise your reasons for joining the Network in a few sentences) |                             |                  |  |

### QUALIFICATIONS

| Title and Classification of Qualification | Name of the Awarding University or Institution | Date Started | Date Awarded |
|---|--|--------------|--------------|
|   |  |              |              |
|   |  |              |              |
|   |  |              |              |

### CATEGORY OF MEMBERSHIP REQUIRED

Our membership runs from January to December.  
Please select the fee for the time of your year you are joining.

| Type of Membership                                    | Period of Joining                                 | Fee | Select                   |
|---|---|-----|--------------------------|
| Full Membership                                       | Jan - May   | £48 | <input type="checkbox"/> |
|   | June - August                                     | £32 |                          |
|   | Sept - December (inc. payment for following year) | £64 |                          |
| Couple (full membership)                              | Jan - May   | £54 | <input type="checkbox"/> |
|   | June - August                                     | £36 |                          |
|   | Sept - December (inc. payment for following year) | £72 |                          |
| Electronic Membership for those living inside the UK  | Jan - May   | £36 | <input type="checkbox"/> |
|   | June - August                                     | £24 |                          |
|   | Sept - December (inc. payment for following year) | £48 |                          |
| Electronic Membership for those living outside the UK | Jan - May   | £24 | <input type="checkbox"/> |
|   | June - August                                     | £19 |                          |
|   | Sept - December (inc. payment for following year) | £32 |                          |

Students - Free electronic membership for first degree students for a maximum of 3 years. A copy of your student ID must be included with your application.

### PAYMENT DETAILS

Please include a cheque for the relevant fees made payable to The Scientific and Medical Network or give your credit card details below.

I enclose a cheque for £ \_\_\_\_\_  
or  
Please charge my Credit/Debit Card £ \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Card Issuer (please circle):    Visa    MasterCard

Card Number                        

Valid From: \_\_\_\_/\_\_\_\_/\_\_\_\_    Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Issue No (switch only): \_\_\_\_\_

**AUTOMATIC RENEWAL:** If paying by credit card, save time and money with automatic annual renewal (each new year your credit card is automatically charged):  
I agree to automatic annual renewal of my membership    YES [  ]    NO [  ]



## GIFT AID DECLARATION FOR UK INCOME TAX PAYERS

All donations and membership subscriptions to registered charities such as The Scientific and Medical Network automatically qualify as tax deductible, provided that you, the donor, are registered as a United Kingdom taxpayer.

This most valuable supplement to SMN's income is recoverable by the charity direct from Inland Revenue. It costs you nothing extra and boosts your effective subscription to SMN by almost a third.

Name of Charity: Scientific and Medical Network

Your details

Title \_\_\_\_\_ Forenames \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

I want the Scientific and Medical Network to treat the enclosed subscription fee of

£ \_\_\_\_\_

as a gift donation, and all donations I make from the date of this declaration until I notify you otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### NOTES

1. You can cancel this declaration any time by notifying Scientific and Medical Network.
2. The UK tax SMN reclaims on your donations must be matched by income tax or capital gains tax payable by you in the same tax year (currently 28p for each £ you give).
3. If in the future your circumstances change and you no longer pay UK tax on your income and capital gains equal to the tax SMN reclaims, you can cancel your declaration (see note 1).
4. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
5. If you are unsure whether your donations qualify for Gift Aid tax relief, ask your local tax office for leaflet IR65.