

# British Society for the Study of Craniomandibular Disorders (BSSCMD)

## MEMBERSHIP APPLICATION & PAYMENT INSTRUCTION

**Annual subscription for UK members:** £100 paid quarterly (i.e. 4 x £25) by Direct Debit (on 1st Jan, 1st April, 1st July and 1st October).  
**Annual subscription for Overseas members** pay £100 by credit card renewing annually on January 1st.  
**Annual subscription for Students and year-1 post graduates:** £20 single payment per academic year.

**Part 1:** This section is not part of the instruction to your Bank or Building Society; **Please complete ALL shaded boxes in block capitals:**

Profession: ↓	Name and Title:	Signature:								
<input type="checkbox"/> General Dentist <input type="checkbox"/> Orthodontist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Osteopath <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Cranio-sacral Thpst <input type="checkbox"/> Speech/Voice Pract <input type="checkbox"/> Student/P. Grad: <input type="checkbox"/> Other:	Home Address:  Post Code: Telephone: Mobile: Email:	Business Address:  Post Code: Telephone: Website: Email:								
	Bank card details: → (overseas members only)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Expiry Date:</td> <td></td> <td>Security No. (on back)</td> <td></td> </tr> </table>					Expiry Date:		Security No. (on back)	
Expiry Date:		Security No. (on back)								

I prefer to receive my copy of Cranio UK as (tick):  
 Colour .PDF file:  a Hard copy:

**Part 2:** (For members using UK banks only)

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



Please complete ALL shaded boxes using a ball point pen and send to:  
 Dr A J Hedger, 26a Church Road, Great Bookham, Surrey, KT23 3PW

Name and full postal address of your Bank or Building Society:

To: The Manager	Bank/Building Society
Address:	
Postcode:	

Name(s) of Account Holder(s):

Bank/Building Society account number:

Branch Sort Code:

Reference Number (for BSSCMD official use):

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Originator's Identification Number:

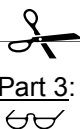
6	3	0	1	8	1	7
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#### Instruction to your Bank or Building Society:

Please pay the BSSCMD variable 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 the BSSCMD and, if so, details will be passed electronically to my Bank/ Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account



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 take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Cranio Group will notify you 7 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Cranio Group or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please send a copy of your letter to us.



**Part 3:**