

I wish to apply to become an Affiliate of the Liverpool Medical Institution.  
(FULL NAME IN BLOCK LETTERS - Please state title: Dr, Mr, Mrs etc.)

Signature of Applicant .....

Date .....

State your professional qualification(s) .....

Where obtained & relevant dates

Present appointment

❖ Home address .....

Post Code ..... Tel No .....

❖ E-mail address .....

❖ Work address .....

Post Code ..... Tel No .....

❖ E-mail address .....

The Member named below has agreed to support my application:

Name of Proposer (IN BLOCK LETTERS): ..... Signature: .....

❖ Please indicate to which address you would prefer your mail sent:

HOME  WORK

❖ We are hoping to send some mailings via email. As well as ticking a box above, please tick if you wish some mailings to be sent to you by e-mail:

YES  NO

**INSTRUCTION TO YOUR BANK/BUILDING SOCIETY TO PAY BY DIRECT DEBIT**

Originator's identification No. 

9	9	8	2	0	3
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 Originators reference 

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Please **complete using a ball point pen** to instruct your branch to make payments directly from your account. **Then return the form to Liverpool Medical Institution, 114, Mount Pleasant, Liverpool, L3 5SR.**

To the Manager: ..... Bank/Building Society  
Full Postal Address: .....

Name of account holder(s):

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Account no 

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 Sort code 

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Note: Banks/Building Societies may refuse to accept instructions to pay direct debits from some types of account.

**Instruction to your Bank/Building Society**

Please pay Liverpool Medical Institution 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 Liverpool Medical Institution and, if so, details will be passed electronically to my Bank/Building Society

Signature(s): .....

Date: .....

**The completed application form and direct debit mandate, made out to Liverpool Medical Institution, should be returned to:**

**The Honorary Secretary**  
**Liverpool Medical Institution, 114 Mount Pleasant, Liverpool, L3 5SR**

✂.....

The Direct Debit Guarantee

All Banks and Building Societies that take part in the Direct Debit Scheme offer this Guarantee. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

1. If the amounts to be paid or the payment dates change Liverpool Medical Institution will notify you 28 working days in advance of your account being debited or as otherwise agreed.
2. If Liverpool Medical Institution or your Bank or Building Society makes an error you are guaranteed a full and immediate refund from your branch of the amount paid.
3. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.