

**Full Name of PCR Member:**

**BANKERS ORDER** (The most convenient method of payment is by Banker's Order)

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

**PRIMARY CARE RHEUMATOLOGY 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 Society.  
Sort Code 20-61-46 Account No 40585505  
Barclays Bank, P O Box 40, Northallerton, N Yorkshire DL7 8YD

Annual Sum to be paid  
(as Deed of Covenant)

The sum of: £50 (fifty pounds)  
(or the equivalent to the annual membership subscription due to  
the Charity as at date of payment, whichever is greater.)

Date when payments start  
(as in Deed of Covenant)

on the ..... day of..... 2001

and a like sum annually on the first day of January until further  
notice.

Signature:

Signed .....

Date .....

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

A/C name and number  
to be debited:

A/C Name .....

Sort Code:.....

A/C Number:.....

**Please remember to sign the Gift Aid Declaration on the Membership Form. This allows us  
to reclaim a further 28% tax from your Membership payment.**