



## Royal College of Science Association Membership Form

Title (Prof, Dr, Mr, Miss, etc): \_\_\_\_\_

First names: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_ (\* Staff / UG / PG )

Year of Graduation\*\* : \_\_\_\_\_ Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Membership Category sought\*\*\*:

- |  |      |  |
|--|------|--|
| <input type="checkbox"/> Student               | Free | [Valid until 18 months after graduation] |
| <input type="checkbox"/> Annual                | £10  | [Per Annum]                              |
| <input type="checkbox"/> Life (Instalment)     | £25  | [Per Annum for 10 Years]                 |
| <input type="checkbox"/> Life (Single Payment) | £200 | [Single Payment#]                        |

I agree to complete and return a Standing Order mandate in favour of the RCS Association, save if I undertake the 'One-Payment Life' membership scheme. I agree to the Rules. (Rules governing the Membership are available from the Office and will be sent to you as a new member as soon as possible after joining). One-Payment Life Membership cheques payable to 'RCS Association'.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* delete as applicable

\*\* if applicable

\*\*\* tick one

# please send cheque for Life Membership with this form to the Office

Please print out this form and complete and return it to:

The RCSA Office, Room 301a Sherfield Building, Imperial College, London, SW& 2AZ, UK