



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:

Royal College of Science Association, Beit Quadrangle, Prince Consort Rd, London SW7 2BB, United Kingdom