



SUBSCRIPTION FORM

Subscription Rate Required (please tick)

- Individual £30
Site (not Trust) £150
Student Radiographer. Date of Qualification..... Free
Corporate/Large group of 50 members plus £15 per member

Site/Member Details

Name \_\_\_\_\_ Email: \_\_\_\_\_
MRI Site/University \_\_\_\_\_
Address \_\_\_\_\_
Postcode \_\_\_\_\_ Phone \_\_\_\_\_

Method of Payment (please tick)

- Personal cheque BACS Payment
Hospital Trust Cheque Other (please give details) \_\_\_\_\_

Please ensure that the hospital name or a reference number is on the payment so that it can be linked to your subscription.

Bank details: Royal Bank of Scotland, sort code 16-26-27, Account number 10025627, IBAN GB29 RBOS 1626 2710 0256 27.

By signing this form you are agreeing to our privacy policy which can be viewed on the website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Table with 2 columns: Member Name (first + surname), E mail address for every member required to ensure password and Newsletter

Please return completed forms and payment, made payable to BAMRR, to:
Aileen Wilson (Membership Secretary) or email to aileen.wilson@bristol.ac.uk
Lead Research Radiographer
CRIC Bristol, 60 St Michaels Hill
Bristol, BS2 8DX