

# 2017-18 Membership Application Form



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Title	Forenames	
Surname		Male / Female
Qualifications		
GMC No.		Year of Birth
Speciality		Year Qualified
Foundation/Training completion year <i>(if applicable)</i>		
Main Hospital		
Trust		
Preferred Address		
		Post Code
E-mail		
Contact Telephone No.		

**Grade:**       Consultant                       SAS/Associate Specialist                       Staff/Trust Grade  
 Core/Specialty Trainee                       Foundation Years 1-2

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

**2017-18 Subscription rates:**

- Full Annual** - £290 per annum commencing October 1st 2017 (pro rata for first year of membership)
- Full Monthly** - £24.50 per month
- Core/Specialty Trainee Annual** - £110 per annum commencing October 1st 2017 (pro rata for first year)       **Core/Specialty Trainee Monthly** - £9.50 per month
- Foundation Years 1-2 Annual** - £100/annum commencing October 1st 2017 (pro rata for first year)       **Foundation Years 1-2 Monthly** - £8.50 per month

*Please complete the Direct Debit Mandate overleaf and send it to the Overton Office address on reverse*



Recruited by (If applicable) \_\_\_\_\_

Their membership number (If known) \_\_\_\_\_

**Important - Please Note:**

We are not normally in a position to provide personal representation over issues that have arisen prior to joining the HCSA.