

# Doctor join form



## Contact details

Title	<input type="text" value="Mr/Miss/Mrs"/>	Gender	<input type="text"/>
Name	<input type="text" value="first name"/>	<input type="text" value="last name"/>	
GMC number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Postcode	<input type="text"/>
Employer	<input type="text"/>		
Workplace	<input type="text"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

We will use these contact details for communications with you including, but not limited to, polls, referendums and any balloting for industrial action.

**Data protection notice.** Your privacy as a member and ensuring transparency on how we use your personal data are hugely important to the BMA. Please go to [bma.org.uk/privacypolicy](http://bma.org.uk/privacypolicy) to read full details on how the BMA uses your information. Your personal data (including sensitive personal data) is processed for the administration of your BMA membership (as well as for other purposes) and to make you aware of products and services that may be of interest to you. Please tick here if you do not want us to contact you by email or text with information about products and services that may be of interest to you

## Main appointment (Please tick the relevant box for your speciality)

General practice <input type="checkbox"/>	Consultant <input type="checkbox"/>	SAS <input type="checkbox"/>	Junior doctor <input type="checkbox"/>
Public health medicine <input type="checkbox"/>	Civil service <input type="checkbox"/>	Armed forces <input type="checkbox"/>	
Occupational health <input type="checkbox"/>	Medical academic <input type="checkbox"/>	Retired <input type="checkbox"/>	Overseas <input type="checkbox"/>

1 2 3 9 5 8 4

## Payment

### Instruction to your Bank or Building Society to pay Direct Debits

Sort code:    —    —



Account:

Originator's Identification Number

9  9  1  7  4  4

Name of account holder/s:

Name and address of Bank or Building Society branch:

**Instruction to your Bank or Building Society.** Please pay BMA Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this Instruction may remain with the BMA and, if so, details will be passed electronically to my Bank or Building Society. Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

Signature:

Date:    —    —

Payment frequency: Monthly  or Annually

## Membership agreement

I hereby apply for membership of the British Medical Association and agree to the My BMA terms and conditions (available online at [bma.org.uk/about-the-bma/terms-and-conditions](http://bma.org.uk/about-the-bma/terms-and-conditions)) and also agree to abide by the Articles of the Association and bye-laws for the time being in force and the rules of the Division to which, at any time, I may belong. It is the BMA's policy that assistance cannot be provided to a member whose problems pre-date receipt by the Association at Head Office, of a properly completed application form and means of payment. Thus, I must be and continue to be a member of the BMA, and be fully paid-up to receive such assistance.

Signature:

Date:    —    —

*Thank you for joining*

[bma.org.uk](http://bma.org.uk)