



# Hospital Consultants & Specialists Association

Number One, Kingsclere Road, Overton, Basingstoke, Hampshire, RG25 3JA  
Tel: 01256 771777 Fax: 01256 770999 e-mail: conspec@hcsa.com website: www.hcsa.com

## Membership Application 2011

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Title ..... Surname ..... Forenames .....

Male/Female ..... Qualifications ..... GMC No .....

Specialty ..... Year Qualified ..... Year of Birth .....

Main Hospital .....

Preferred Mailing Address .....

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Post Code .....

E-Mail .....

Contact Telephone Number .....

Grade:	Consultant	<input type="checkbox"/>	)	
	Associate Specialist	<input type="checkbox"/>	)	<i>Please tick as appropriate</i>
	Specialist Registrar (Within two years of CCT)	<input type="checkbox"/>	)	
	Staff Grade/Trust Specialty Doctor	<input type="checkbox"/>	)	

Signature ..... Date .....

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### Important - Please Note

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

Please **DO NOT** fax or e-mail this application form - we need an original signature on the Direct Debit Mandate for your bank to authorise payments.

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### Current Subscription Rates:

Annual - £200 per annum commencing October 1st 2011 (pro rata for first year of membership)

Monthly - £17.35 per month

*Please tick preferred payment choice*

Please complete the Direct Debit Mandate overleaf and send it to the Overton Office address above.

Introduced by ..... (if applicable)

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# Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

**HCSA**  
**1 Kingsclere Road**  
**Overton**  
**BASINGSTOKE**  
**Hampshire**  
**RG25 3JA**

Service user number

9	9	7	5	7	2
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Name(s) of account holder(s)


Payment Reference (To be completed by HCSA)

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Bank/building society account number

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Branch sort code

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Instruction to your bank or building society

Please pay **The Hospital Consultants and Specialists Association** Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with **The Hospital Consultants and Specialists Association** and, if so, details will be passed electronically to my bank/building society.

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DD12

This guarantee should be detached and retained by the payer.

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit **The Hospital Consultants and Specialists Association** will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request **The Hospital Consultants and Specialists Association** to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by **The Hospital Consultants and Specialists Association** or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when **The Hospital Consultants and Specialists Association** asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.