MEDICAL INSTITUTE OF TAMILS

Website: http://miot.uk/ Email: miot.uk.org@gmail.com

Charity No: 1066824

Membership (Ordinary/Joint/Associate *) Application & Renewal Form

Title ..... Surname ..... Forename ..... Male ☐ Female ☐
Spouse Title ..... Surname ..... Forename ..... Male ☐ Female ☐
(For joint membership only)

Home Address	Work Address
Post Code: Phone:	Post Code: Phone:
e-mail:	e-mail:

Speciality ..... Grade..... Special Interests .....
Activities you wish to contribute to MIOT/Sri Lanka .....
Mode of Subscription payment: *Cheque/Cash/Bank Standing Order..... Amount £.....
I consent to become a member of the Medical Institute of Tamils.
Signature ..... Date .....
* Delete as necessary
Introduced by .....
PS: **Ordinary members** (Medical/dental degrees); Associate members (Medical/paramedical degrees e.g. Paramedics, Radiographers, Nurses, Physiotherapists, etc.)

		Please Tick(✓)
Subscription rates:	Ordinary member: - £50 (Single) & £75 (Member & Spouse) per annum	☐
	Associate member: - £25 (Single) & £30 (Member & Spouse) per annum	☐
	Student member: - Free	☐

☐ I declare that I am not under any GMC or regulatory body investigation and that I don't have any restrictions placed on my practice.

Banker's standing order

To the Manager,
..... Bank. Branch: ..... Sort code: .....
Account Number: ..... Name of the account: .....
Address of the Bank: .....
..... Post Code .....

Please pay to the credit of MIOT account no. 67068901 at NatWest Bank, Sort code 60-07-18, Eastham branch, 37 High Street, London, E6 1HT the sum of £ ..... (in words .....) with immediate effect and thereafter make a payment of £..... (in words .....) annually commencing 1st January 20.... until further notice in writing.
Please cancel any previous standing order payments to MIOT A/C 67068901, 60- 07- 08

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