

THE BRITISH SOCIETY FOR PARASITOLOGY

FORM OF APPLICATION FOR *FULL MEMBERSHIP/*STUDENT MEMBERSHIP

*Delete as appropriate

Membership Number.....

Name Title

Professional qualification (if any)

Address (to which communications are to be sent)

Place of work (if different from the above)

Fields of interest

Date Signed

This application must be supported by the signatures of two members of the Society (in cases of applications for student membership one sponsor must be your Supervisor).

..... (Proposer)(Seconder)

Please return this form to the Honorary General Secretary at the following address:-

The British Society for Parasitology,
Harvest House,
62, London Road,
Reading, Berks. RG1 5AS.
Telephone: 0734: 861345

SUBSCRIPTIONS

The annual subscription is £2 (except for student members where the reduced rate of £1 applies for a maximum period of 5 years), and is payable in advance on the 1st April. Members who can do so are requested to pay by completing the attached Bankers Order and returning it to the Secretary with this form. Those that do not wish to use this method are asked to enclose a cheque or postal order for the appropriate amount payable to the the 'British Society for Parasitology'.

BANKERS ORDER FORM

To _____
(Name and address of your Bank)

Your Bank Account No. _____

Please pay now, (and thereafter on the 1st April annually, until I revoke this order),
the sum of *£2.00 (Two pounds, full membership)
*£1.00 (One pound, student membership) *Delete as appropriate

to:- Midland Bank Limited, (40-38-26)
199, Kings Road,
Reading

for account of the British Society for Parasitology (No. 31008293)

Signed _____ Date _____

Title and Name _____
(Please print)

Membership No. _____