



STANDING ORDER MANDATE

**Please return to: Education and Standards Department (Christina Gray)
Royal College of Physicians, 9 Queen Street, Edinburgh EH2 1JQ
for forwarding to your bank.**

To:

Bank	
Branch	
Postal Address	
Bank Sort Code	
Account Number	

Member's Name	
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PLEASE COMPLETE	
Payment Reference *	

*(This will appear on our bank statement allowing us to link you with your payment – we therefore suggest you use your surname and initials)

Please Pay	Royal Bank of Scotland	Biggar Branch	83-16-11
For the credit of	Scottish Society for Rheumatology	Account No 00225381	
The sum of*	£15 £30	Fifteen pounds only Thirty pounds only	annually

PLEASE COMPLETE
Commencing 1st
<small>(MONTH) (YEAR)</small>

**delete as appropriate (£15 if annual salary <£30 000)*
and **yearly** thereafter until further notice in writing debit my/our account accordingly

Signature _____ **Date** _____

- IMPORTANT NOTES** - please return this form to the Royal College of Physicians (address above) for forwarding to your bank
- please cancel all previous standing order mandates
 - please keep a copy of this form
 - if you terminate your membership, it is your responsibility to cancel this mandate