



Family Doctor Association Membership Form

Family Doctor Association FREEPOST 9 York Street Heywood Lancs OL10 4ZZ
T: 01706 620920 F: 01706 691880 E: admin@family-doctor.org.uk W: www.family-doctor.org.uk

Practice membership: fees are based on practice list size and offer the benefits to the whole team:

List size < 3000 patients £150 List size 3000-6000 patients £200 List size > 6000 patients £250

Individual membership GP Individual £100 For Sessional & Locum GPs

Practice address:

Post code

Mailing address (if different):

Post code

Contact name and job title for mailings

Number GPs at the practice (whole time equivalent)

Number other staff at the practice (whole time equivalent)

Practice telephone

Practice fax

Email address

Payment methods

Cheque: please make payable to **Family Doctor Association** and post with this form to the FREEPOST address above.

Credit card: please ring 01706 620920 or pay online at www.family-doctor.org.uk

Standing order: complete your details in the box below and return to the FREEPOST address above

Standing order.

To _____ Bank plc _____ branch [- -] sort code

Of _____
(address of branch used in block capitals with postcode)

ACCOUNT NAME _____ ACCOUNT NUMBER _____

Please pay to the SPA at the Midland bank plc, 31 Chequer Street, St Albans, Herts, AL1 3YN [40-40-01] account number [81393871] **THE SUM OF £** _____ **ANNUALLY from** _____ **2010 until cancelled by me.**
This cancels any previous order by me to pay the Association.

Date _____ 2010 Signed _____

Please initial any changes.

Please quote reference _____ on bank statements.

(to be completed by Family Doctor Association)

Increase the value of your subscription at no extra cost to you:

Simply tick the Gift Aid box below and sign the declaration and we can claim an additional 25% from the Government. If you are a higher rate tax payer then you can claim higher rate tax relief as well.

I am a UK taxpayer and would like the Family Doctor Association to treat all subscriptions I have made in the last six years, and all subscriptions I make hereafter, as Gift Aid donations. I understand that I must have paid an amount of income tax or capital gains tax at least equal to the tax you reclaim on my subscriptions.

Date _____ Signature _____

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