



Medical Institute of Tamils (MIOT)

339 South Street, Romford, Essex, RM1 2AP, United Kingdom

Charity No. 1066824

Phone: 01708 770703 / 01708 727411 Fax: 01708 725388

e-mail: miotadmin@gmail.com

Website: www.miot.org.uk

Membership (Ordinary/Joint/Associate*) Application & Renewal Form plus Gift Aid Declaration

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.)

		<i>Please Tick (v)</i>	
Subscription rates:	Ordinary member:	- £50 (Single) & £75 (Member & Spouse) per annum	<input type="checkbox"/>
	Newly Qualified (up to 5years) / Retired	- £25	<input type="checkbox"/>
	Associate member:	- £25 (Single) & £30 (Member & Spouse) per annum	<input type="checkbox"/>
	Student member	- Free	<input type="checkbox"/>

Banker's standing order

To The Manager,

..... Bank. Branch: Sort code: - -

Account Number: Name of the account:

Address of the Bank:

..... Postcode.....

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 01st January 20..... until further notice in writing.

Please cancel any previous standing order payments to MIOT A/C 67068901, 60- 07- 08

Signature.....**Date**.....



MEDICAL INSTITUTE OF TAMILS

UK Registered Charity No. 1066824

Gift Aid Declaration

Details of Donor: (in block capitals please)

Title

Forenames.....

Surname.....

Address.....

.....

..... Post Code.....

I confirm that I am a UK Income/Capital gains tax payer and I would like all gifts I have made since 6th April 2008 and all future donations until I notify otherwise, to The Medical Institute of Tamils, to be treated as Gift Aid donations.

If my circumstances change and I no longer pay tax on my income or capital gain equal to the amount which the charity reclaims then I will inform the charity.

Signed..... Date.....