



Membership Number

Amount.....

Please debit my **Mastercard, Visa, Eurocard, Switch or Solo Card** (circle correct one)

Credit/Debit Card Number

Valid From (*Switch/Solo only*)

Valid To (*all cards*)

Issue No (*Switch/Solo only*)

3 digit security code (*on back of card*)

*Card holder details: (i.e. **Full** name and address where all correspondence concerning your credit card is sent)*

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.....
.....

POSTCODE..... Country.....

Signature.....

NB. This form must be signed if payment is by credit card.

Please return to:

**The British Thoracic Society
17 Doughty Street
London
WC1N 2PL
UK**

Telephone: +44(0)20 7831 8778 Fax: +44(0)20 7831 8766