



MEMBERSHIP INFORMATION AND COST

MEMBERSHIP

The British Society for Heart Failure (BSH) is a multi-disciplinary society with nearly 1,200 members, and applications for membership are welcomed from cardiologists, nurses (community, primary and secondary care), GPs, geriatricians, surgeons, scientists, pharmacists, physiotherapists, trainees in internal medicine and other healthcare professionals/students involved with the diagnosis, treatment and management of heart failure, and research in this area.

BENEFITS OF MEMBERSHIP

- ♥ Free online access to the *Oxford Textbook of Heart Failure* until 28 February 2018
- ♥ Regular updates and information on BSH meetings and projects, including programmes for the BSH Annual Autumn Meeting and heart failure-related programmes for the British Cardiovascular Society Annual Conference
- ♥ Updates on other heart failure initiatives that we feel would be of interest to our members, including programmes endorsed by the BSH
- ♥ Reduced registration fees for the BSH Annual Autumn Meeting (takes place in November every year), BSH Heart Failure Day for Revalidation and Training, BSH Heart Failure Nurse and Healthcare Professional Study Day and other meetings organised by the BSH
- ♥ Opportunity to submit an abstract for the BSH Young Investigators' Award at the BSH Annual Autumn Meeting
- ♥ Invitation to BSH Annual General Meetings
- ♥ BSH meeting reports
- ♥ Opportunity to contribute to the future development of the BSH – comments and suggestions from members are always welcomed
- ♥ Invitation to submit educational programmes related to heart failure to be considered for BSH endorsement
- ♥ Opportunity to stand as, nominate or vote for a candidate for the BSH Board elections (held once every two years)
- ♥ 20% discount on medical titles from Clinical Publishing
- ♥ 20% discount on heart failure-/cardiology-related titles from Oxford University Press

COST

As a registered charity the Society depends upon grants from the 'Friends of the BSH' and other sponsors, however further contributions are needed to continue and increase our activities. We therefore ask our members for a small annual contribution in the form of a membership fee, which collectively generate additional funds to support the Society.

The annual BSH membership fees are as follows:

- ♥ £35 per year for nurses and research fellows
- ♥ £45 per year for all other healthcare professionals.

Annual fees may be paid by BACS (Sort code: 20-07-82; Account No: 00452912), cheque (payable to the British Society for Heart Failure), debit or credit card (please call 01865 391836 in office hours) or standing order with payment starting from the 1st day of the month following the start of your membership.

Please note: if you pay by standing order *instead* of by BACS/cheque/ card you will receive a **£5 discount** on the fees above, i.e. the membership fees would be £30 or £40, respectively. A discretionary reduction for those who are unable to contribute the full fee will be considered upon application.

MEDICAL/HEALTHCARE PROFESSIONAL STUDENTS

A £10 membership fee is offered to students to cover membership from the period of application until graduation. Please note that this rate applies to students who are not yet qualified and not to those studying for higher qualifications. Applications must be nominated by a current BSH member.

MEMBERSHIP APPLICATION

Please find a membership application form below. Please return your completed form by post to the **BSH Secretariat, 'Nought' The Farthings, Marcham, Oxfordshire, OX13 6QD. Telephone: 01865 391836**

BSH MEMBERSHIP APPLICATION FORM

I would like to apply for Membership

I would like to renew my Membership

Title: Name (first): Name (last):

Hospital or University affiliation: Department:

Address for correspondence:

Post code: Country (if other than UK): Please tick box if this is your home address:

Telephone (work): Mobile: E-mail:

1. For our records, please indicate your occupation:

- Acute/emergency physician Cardiac rehabilitation Cardiologist Cardiology trainee Clinical Researcher General Practitioner
 Geriatrician Nurse (please specify) Community Primary Care Secondary Care Pharmacist
 Physiotherapist Scientist Surgeon Other (please specify)
- Student Expected graduation date (month/year) Course title
- Nominated by BSH member (name) (signature of BSH member)

2. Please tick box if you give your permission for the BSH to send statutory documents (e.g. accounts) to you via email.

3. Payment (please see **cost** information above)

Please complete the **Standing Order Mandate** form below (not applicable for students), ensuring that you complete all details, sign the form, and return it to the BSH Secretariat. Alternatively, if you wish to pay by cheque, please make it payable to the British Society for Heart Failure. If you wish to pay by BACS please make payment to Sort code: 20-07-82; Account No: 00452912 including your surname and initial(s) as the reference. If you wish to pay by debit or credit card please call the BSH office on 01865 391836.

4. Please return this form by mail to: **BSH Secretariat, 'Nought' The Farthings, Marcham, Oxfordshire, OX13 6QD.**

Every member of the Company undertakes to contribute to the assets of the Company in the event of the same being wound up while he is a member or within one year after he ceases to be a member, for payment of the debts and liabilities of the Company contracted before he ceases to be a member and of the costs, charges and expenses of winding up and for the adjustment of the rights of the contributories among themselves such amount as may be required not exceeding one pound.

STANDING ORDER MANDATE (not applicable for students): NEW INSTRUCTION

Account to be debited: Bank: Branch:

Sort code: ___ - ___ - ___ Account no: _____ Account name:

Beneficiary details: British Society for Heart Failure; Barclays Bank Plc, Edgbaston Branch; Sort code: 20-07-82; Account no: 00452912

Payment details: (£30 nurses/research fellows; £40 all others)

Please make a payment of £ ___ : ___ annually until further notice. Date of **annual** payment to commence: 1st of _____ (month) *or nearest date thereafter (first payment to be made in 2018)*

Signature: Date: Customer telephone: