

Application type					
New	☐	Upgrade	☐	Re-joining	☐ (Line for office use only)
Associate	☐	Licentiate	☐	Member	Fellow ☐

I wish my membership of the IBMS to start from: 1 Jan ☐ 1 April ☐ 1 July ☐ 1 Oct ☐	My preferred mailing correspondence address: Home ☐ Work ☐
---	---

Your details
Title (Mr/Mrs/Miss/Ms/Dr/Prof) Forename(s)
Surname Previous name(s) Date of birth.....
Home address
Town Postcode
Country Email (home)
Tel number(+countrycode) Mobile number
IBMS Membership number (if known) HCPC number (if registered)

Current employment
Job/Job title NHS pay band Start date
Company/Hospital Department
Address
Town Postcode Country
Tel number (work) Email address (work)
Please indicate which email address you would prefer us to use to contact you: Home ☐ Work ☐

Main specialty in which you practise (please tick one)
Blood Sciences ☐ Genetics/Molecular Pathology ☐ Laboratory Management ☐ Training ☐
Cellular Pathology ☐ Higher Education ☐ Medical Microbiology ☐ Transfusion Science ☐
Clinical Chemistry ☐ Histocompatibility & Immunogenetics ☐ Point of Care Testing ☐ Veterinary Science ☐
Cytopathology ☐ Haematology ☐ Quality Management ☐ Virology ☐
Electron Microscopy ☐ Immunology ☐

Do you have a specific responsibility for (please tick one box only): Advanced practice ☐ Management ☐ Quality ☐ R&D ☐ Safety ☐ Training ☐
--

Please select your job category

Biomedical Scientist ☐ Clinical Scientist ☐ Laboratory Manager ☐ Lecturer ☐ Student ☐
 Research Scientist ☐ Support Staff Worker ☐ Veterinary Laboratory Employee ☐ Unemployed ☐
 e.g. MLA or Associate Practitioner
 Other

Previous employment and professional history (information will be used to assess professional experience)

Dates: to-from	Company/Hospital	Post held (grade and title)
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		

Qualifications

Copies of certificates must be enclosed with your application unless these have yet to be presented, in which case you should send copies of official notification. A UK ENIC statement of comparability must be sent for all qualifications gained overseas. Applicants with research degrees must state the title of their thesis and main subject.

Date awarded	Awarding body (university/college)	Subject	Qualification
.....			
.....			
.....			
.....			
.....			

How did you find out about the IBMS (can tick more than one)

Word of mouth ☐ University ☐ Internet ☐ Workplace ☐ The Biomedical Scientist ☐
 Website ☐ Newsletter ☐ Twitter ☐ Facebook ☐ LinkedIn ☐
 Other.....

Subscription rates and information 2027

	Standard rates	Discounted rates*	10 Monthly instalments (January - October)
Fellow	£204	£199	£20.40
Member	£172	£167	£17.20
Licentiate	£125	£120	£12.50
Associate	£68	£63	£6.80
Retired	£50	£45	N/A
Airmail postage	£68	N/A	N/A

*Discounted subscription rates are available for those paying by **annual Direct Debit only**.

The IBMS is an approved professional body so you can make a claim for **tax relief** against your membership subscription. For full details on tax relief including how to make a claim visit www.ibms.org/taxrelief.

An additional **£20 registration fee** applies for first time applicants, or for those members rejoining the IBMS (not applicable to Associates).

Quarterly payment details

Subscription fees for those applying for membership in different quarters of the year.

	2027 fees Q1 - Q4	1 April - 31 Dec Q2 - Q4	1 July - 31 Dec Q3 - Q4	1 Oct - 31 Dec Q4 only
Fellow	£204	£153.00	£102.00	£51.00
Member	£172	£129.00	£86.00	£43.00
Licentiate	£125	£93.75	£62.50	£31.25
Associate	£68	£51.00	£34.00	£17.00
Retired	£50	£37.50	£25.00	£12.50
Airmail	£68	£	£	£

Example: if you chose to pay after 1 April, the Q2 rate for the year would apply.

Declarations

ALL the following declarations must be completed, unless stated otherwise, so we can process your application.

Are you aware that claims of professional negligence, error or omission have ever been made against you? No ☐ Yes ☐

Are you aware of any circumstances, allegations or incidents which may give rise to a claim against you for professional negligence, error or omission? No ☐ Yes ☐

If yes to either of the above, please provide full details in an accompanying letter.

I declare that I am eligible for the selected category of membership and that I will notify the IBMS if my name is removed from the Health and Care Professions Council (if applicable). ☐

I acknowledge that it is my responsibility to inform the IBMS if there is any change to my personal or workplace details. ☐

I have read, understood and agree to abide by the Institute's Code of Conduct (view at: www.ibms.org/code-of-conduct) ☐

In providing the IBMS with the information requested you are consenting to its use as indicated in the IBMS Privacy Notice. Further information can be found on the IBMS website at www.ibms.org/privacy/

IBMS members are encouraged to use the IBMS website to update their information and preferences via their MyIBMS account at: www.ibms.org/MyIBMS/, selecting the information and services they wish to receive, to opt out of mailings, and to learn more about how IBMS would like to use their information.

I, the undersigned, apply for membership of the IBMS and declare that the foregoing statements are correct.

Signature.....

Date.....

Payment options

Discounted subscription rates are available for those paying by annual Direct Debit only. Those paying by card or cheque will pay the standard rate.

Subscription fee (see fee table on page 3) £.....

Registration fee For first time applicants, or for those members rejoining the IBMS (not applicable to Associates). £.....

Airmail (see fee table on page 3)

I live overseas and wish to receive *The Biomedical Scientist* by Airmail. Please tick this box: ☐ £.....

Total £.....

Payment method (please tick your preferred method)

By direct debit: please enclose a completed direct debit mandate. Please note that it is not possible to pay by Direct Debit when joining in the last quarter of the year.

Please note - Barclays direct debit mandates must be posted to the office with an original wet signature.

By cheque: I enclose a cheque, made payable to the *Institute of Biomedical Science* or *IBMS*

By debit or credit card please complete details below

Sterling bank drafts must be made payable to *Institute of Biomedical Science* or *IBMS*. Due to fluctuating exchange rates drafts must be in sterling.

By telephone +44 (0) 207 713 0214

By debit or credit card (please note that the IBMS does not take international Maestro cards or Amex)

☐ Visa
 ☐ Mastercard
 ☐ Maestro
 ☐ Delta
 ☐ Solo
 ☐ Electron

Card number

[illegible]

Valid from: Expiry date: Issue number: (UK Maestro and Solo only)

Security code (last 3 digits): Amount to be debited £

Name of card holder..... (as it appears on your card)

Address of card holder.....

Town..... Postcode.....

Signature.....

Thank you for joining the IBMS

A welcome letter, your membership number and card will be posted to you once your application has been processed. Please get in touch on mc@ibms.org if you have any queries about your application.

Official use only	Acknowledged	Amount	Credit	MC Req	Correspondence

Instruction to your Bank or Building Society to pay by Direct Debit

Please complete this form using a ball point pen and send it to:

Institute of Biomedical Science
12 Coldbath Square
London
EC1R 5HL

Name(s) of Bank Account Holder(s)

Bank/Building Society Account Number (must be 8 digits)

--	--	--	--	--	--	--	--

Branch Sort Code (must be 6 digits)

--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To: The Manager	Bank or Building Society
Address	
Postcode	

Membership Number (if known)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Service User Number

9	9	8	6	4	5
---	---	---	---	---	---

I wish to pay my subscription (please tick ✓)

- Annually ☐ Collected on or immediately after 10th January
- Monthly ☐ Collected in 10 instalments on or immediately after the 10th of each month from January to October

Instruction to your Bank or Building Society

Please pay (IBMS) Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with (IBMS) and, if so, details will be passed electronically to my Bank/Building Society.

Bank Account Holder Signature

Date

--

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- The Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit IBMS will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request IBMS to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by IBMS or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when IBMS asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.