Membership application form 2024

Institute of Biomedical Science
12 Coldbath Square, London EC1R 5HL
T: 020 7713 0214  E: subs@ibms.org  W: www.ibms.org

<table>
<thead>
<tr>
<th>Application type</th>
<th>New</th>
<th>Upgrade</th>
<th>Re-joining</th>
<th>Associate</th>
<th>Licentiate</th>
<th>Member</th>
<th>Fellow</th>
<th>(Line for office use only)</th>
</tr>
</thead>
</table>

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(+country code) ........................................................ 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

<table>
<thead>
<tr>
<th>Biomedical Scientist</th>
<th>Clinical Scientist</th>
<th>Laboratory Manager</th>
<th>Lecturer</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Scientist</td>
<td>Support Staff Worker</td>
<td>Veterinary Laboratory Employee</td>
<td>Unemployed</td>
<td></td>
</tr>
</tbody>
</table>

Other

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

<table>
<thead>
<tr>
<th>Dates: to-from</th>
<th>Company/Hospital</th>
<th>Post held (grade and title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>

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 NARIC 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.

<table>
<thead>
<tr>
<th>Date awarded</th>
<th>Awarding body (university/college)</th>
<th>Subject</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Word of mouth</th>
<th>University</th>
<th>Internet</th>
<th>Workplace</th>
<th>The Biomedical Scientist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>Newsletter</td>
<td>Twitter</td>
<td>Facebook</td>
<td>LinkedIn</td>
</tr>
</tbody>
</table>

How do you follow the IBMS (can tick more than one)

Website | Newsletter | The Biomedical Scientist |

**IBMS Social media channels:** Facebook | LinkedIn | Twitter | YouTube |
Subscription rates and information 2024

<table>
<thead>
<tr>
<th></th>
<th>Standard rates</th>
<th>Discounted rates*</th>
<th>10 Monthly instalments (January - October)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellow</td>
<td>£185</td>
<td>£180</td>
<td>£18.50</td>
</tr>
<tr>
<td>Member</td>
<td>£151</td>
<td>£146</td>
<td>£15.10</td>
</tr>
<tr>
<td>Licentiate</td>
<td>£109</td>
<td>£104</td>
<td>£10.90</td>
</tr>
<tr>
<td>Associate</td>
<td>£61</td>
<td>£56</td>
<td>£6.10</td>
</tr>
<tr>
<td>Retired</td>
<td>£43</td>
<td>£38</td>
<td>N/A</td>
</tr>
<tr>
<td>Airmail postage**</td>
<td>£87.91</td>
<td>N/A</td>
<td>£8.79</td>
</tr>
</tbody>
</table>

*Discounted subscription rates are available for those paying by annual Direct Debit only.
**For overseas applicants publications will be sent by surface mail unless you choose the Airmail option.

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](http://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.

<table>
<thead>
<tr>
<th></th>
<th>2024 fees Q1 - Q4</th>
<th>1 April - 31 Dec Q2 - Q4</th>
<th>1 July - 31 Dec Q3 - Q4</th>
<th>1 Oct - 31 Dec Q4 only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellow</td>
<td>£185</td>
<td>£138.75</td>
<td>£92.50</td>
<td>£46.25</td>
</tr>
<tr>
<td>Member</td>
<td>£151</td>
<td>£113.25</td>
<td>£75.50</td>
<td>£37.75</td>
</tr>
<tr>
<td>Licentiate</td>
<td>£109</td>
<td>£81.75</td>
<td>£54.50</td>
<td>£27.25</td>
</tr>
<tr>
<td>Associate</td>
<td>£61</td>
<td>£45.75</td>
<td>£30.50</td>
<td>£15.25</td>
</tr>
<tr>
<td>Retired</td>
<td>£43</td>
<td>£32.25</td>
<td>£21.50</td>
<td>£10.75</td>
</tr>
<tr>
<td>Airmail</td>
<td>£87.91</td>
<td>£65.93</td>
<td>£43.95</td>
<td>£21.98</td>
</tr>
</tbody>
</table>

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](http://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/](http://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/](http://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: £...........

(optionals - if you do not choose the airmail option your post and publications will automatically be sent by surface mail)

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)

<table>
<thead>
<tr>
<th>Card type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visa</td>
</tr>
<tr>
<td>Maestro</td>
</tr>
<tr>
<td>Solo</td>
</tr>
</tbody>
</table>

Card number

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.
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

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

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)

Bank Account Holder Signature

Date

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

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.

This guarantee should be detached and retained by the Payer.