



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

Follow us on social media

/BiomedicalScience

@IBMScience

/institute-of-biomedical-science

Application type

New <input type="checkbox"/>	Upgrade <input type="checkbox"/>	Re-joining <input type="checkbox"/>	(Line for office use only)
Associate <input type="checkbox"/>	Licentiate <input type="checkbox"/>	Member <input type="checkbox"/>	Fellow <input type="checkbox"/>

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 <input type="checkbox"/>	Genetics/Molecular Pathology <input type="checkbox"/>	Laboratory Management <input type="checkbox"/>	Training <input type="checkbox"/>
Cellular Pathology <input type="checkbox"/>	Higher Education <input type="checkbox"/>	Medical Microbiology <input type="checkbox"/>	Transfusion Science <input type="checkbox"/>
Clinical Chemistry <input type="checkbox"/>	Histocompatibility & Immunogenetics <input type="checkbox"/>	Point of Care Testing <input type="checkbox"/>	Veterinary Science <input type="checkbox"/>
Cytopathology <input type="checkbox"/>	Haematology <input type="checkbox"/>	Quality Management <input type="checkbox"/>	Virology <input type="checkbox"/>
Electron Microscopy <input type="checkbox"/>	Immunology <input type="checkbox"/>		

Do you have a specific responsibility for (please tick one box only):

Advanced practice Management Quality R&D Safety Training

Subscription rates and information 2024

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

***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.

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.

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

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.....

