

Joining the Physiotherapy Research Society

- CSP Professional Network

Title: *Miss Ms Mrs Mr Dr Prof (Please circle as appropriate)*

Surname:

First Name(s):

Professional & Academic Qualifications:

Are you a member of the Chartered Society of Physiotherapy (CSP)
Yes / No/ NA *(Please circle as appropriate)*

CSP Registration No:

Professional Background:

NB: If you are not a physiotherapist please confirm if you are a member of a professional body.

Yes/No *(Please circle as appropriate)*

Professional Body:

Registration No:

Contact Address:

Telephone:

Fax:

E-mail:

Research Interests:

Please note that your data may be passed onto the CSP for CSP membership checking purposes only.

Standing Order Mandate Form

I wish to continue paying my Physiotherapy Research Society annual subscription by standing order on(add date) each year.

I have forwarded this standing order amendment to my own bank.

Name of Member

Address

.....Bank/Building

Society.....

Branch

Account NameAccount No.....

Signature

Date

Please detach this part and send it to:

Dr Devdeep Ahuja, PhD

Chair

Physiotherapy Research Society

10 Nairn Grove

Broughton

Milton Keynes

MK10 7DW

Standing Order Mandate Agreement

Please complete (remember to sign at the bottom!) and send to your bank.

Account to be debited:

Name.....

Account Name:.....

Account No:..... Sort Code

Please pay the account detailed below:

Physiotherapy Research Society (PRS)

Account No: 22603481 Sort Code: 090154

Bank & Address: Santander, Bootle, Merseyside, L30 4GB

The Sum of: £15 (fifteen pounds)

On receipt of this mandate please the PRS the sum indicated above on the following date Thereafter pay the PRS £15 on the(add date) each year until notified of any change.

Signature.....Date.....