

Membership Subscription Form 2010

Section 1: Personal details

Membership number

Title

First name

Surname

Previous name (if applicable)

Date of birth

Qualifications (Diploma, First Degree, Masters etc) and year qualified

Ethnic group (tick)

Asian Asian British Black/Black British Mixed Other White

Which mailing address do you prefer for correspondence? (tick)

Home? Work?

At which email address do you prefer to be contacted? (tick)

Home? Work? *Note: Most BIOS correspondence is conducted via email*

Your private address

Flat/house number and street

Town

Postcode

Telephone number

Mobile

Email address

If you have not already submitted a photograph or if you wish a new photograph to be used for your 2010 membership card, please enclose a photograph with this form.

Please write your name and BIOS number on the back.

Your main workplace ie hospital/university/clinic address

Name and address of the hospital/clinic etc

Town

Postcode

Dept telephone number

Ext or direct line

Fax number

Email address

Section 2: Work

Who is your employing organisation, ie Trust/Board?

What is your band (eg band 5, 6, 7 or 8) or grade (eg Head I, Head II, Senior I)?

Are you a designated 'Head of Service'? (tick) Yes No

Are you qualified as a lead clinical tutor? (tick) Yes No

Are you a local BOS Trade Union representative? Yes No

Do you have a disability? (tick) Yes No

Do you work (tick) Full time? Part time?

If part-time, please give your current WTE (Whole Time Equivalent) or weekly hours

Do you see private patients? (tick) *Yes No

*If yes, please tick all that apply:

- Do you see private patients as a self-employed practitioner?
- Do you see private patients under a contract with an employer?
- Would you wish your name & contact details to appear on a list available to the public on the BIOS website? (If you tick 'yes' we will contact you about this in the future)

Do you belong to, or have an interest in, any Special Interest Group? (tick all that apply)

- Glaucoma
- Low vision
- Retinoscopy
- Specific Literacy Difficulties
- Stroke/Rehabilitation
- Vision screening

Section 3

Data Protection Statement

The information you supply on this form will be held on file and on the Society's computerised membership database. It will be used for BIOS mailings and to analyse data for BIOS and outside agencies. Personal details will not be given to these agencies. Work and/or personal contact details will be given to BIOS members on request (see below).

Your details will be made available to the IOA (International Orthoptic Association) to which the BIOS pays a membership fee on your behalf. This will allow you to be supplied with details to access the IOA website. Please tick to indicate whether you wish your details to be available to the IOA.

Yes No

Personal Details

I agree that my home address, telephone number and email address may be given out to BIOS members. (tick) Yes *No

* Only your work contact details will be passed to other members if you tick 'No'.

Section 4

Types of Membership

Please tick the category to which you belong.

- | | | |
|--------------------------|---|---------|
| <input type="checkbox"/> | Full | £294.00 |
| <input type="checkbox"/> | Overseas | £144.00 |
| <input type="checkbox"/> | Non Practising | £108.00 |
| <input type="checkbox"/> | Retired | £54.00 |
| | NB, This is not an appropriate category if you are still practising as an Orthoptist. | |
| <input type="checkbox"/> | Academic Staff | £204.00 |
| <input type="checkbox"/> | * Non tax-paying | £204.00 |

* *The non tax-paying rate applies to applicants whose earnings from work as an Orthoptist will not exceed the personal basic tax allowance.*

You need to ensure that you join an appropriate category. Joining in an inappropriate category may invalidate any claims under BIOS Insurance cover or for Employment Relations representation. Contact the BIOS office for advice if you need more information about the benefits or restrictions relating to each category.

A full explanation of the membership criteria shown above is given under the Categories of Membership link on the home page of the Society's web site. (www.orthoptics.org.uk)

*NB, A separate membership form is available for newly qualified & 1st year qualified categories. Please contact the BIOS office for details.

Deadlines for Payments

Upon return of your completed Membership Form, an invoice will be sent to you for the appropriate subscription fee, which will include instructions on how to pay.

Please tick the box against your preferred method of payment:

- payment in full (either by cheque or bank transfer) payable by 31st December 2009.
- 10 equal monthly instalments by standing order commencing 1st August with the final payment on 1st May 2010.

NB, For members paying by instalments, membership will lapse if full payment is not received by 1st May 2010. If membership does lapse, then entitlements under your membership category will cease for the whole membership year.

Members joining during the 2010 membership year i.e. after 31st December 2009, will not receive their complete membership entitlement until their whole payment is received.

BIOS refund policy

Members who have paid their subscriptions before the start of the membership year, ie no later than 31 December 2009 and whose circumstances change, may either:

- cancel their membership and receive a refund (the fee paid less an administrative charge), or
- apply to have membership category changed. For example, a member who has paid for full membership but then retires before the start of the 2010 membership year, can receive a refund for the difference in the fees (less an administrative charge)

Note: the options above apply only to members who make a request on or before 31 December 2009. BIOS will not issue refunds or offer any reduction in membership fees to members whose requests arrive at the BIOS office after 31 December 2009. Please note that the membership year runs from 1 January to 31 December in any given year.

Section 5

Please make sure you have completed all sections before returning your form to the address below. If you wish to pay by instalments please ensure that you **return your form by Friday 19th June 2009.**

Mrs Dariel Cross
Membership Assistant
British and Irish Orthoptic Society
Tavistock House North
Tavistock Square
London WC1H 9HX

Mark envelope "BIOS MEM"

Signature of member

Date

If you have any questions about your membership form, please contact Dariel Cross by any of the following methods:

Email: membership@orthoptics.org.uk

Telephone: 020 7387 7992

Fax: 020 7383 2584