21 Portland Place, London, W1B 1PY

CREDIT CARD PAYMENT FORM

Please debit my credit/debit card (Visa/Delta/Mastercard/ Switch) with the sum of

☐☐.☐☐

(Please note that we are unable to process American Express Card payments)

Membership Details

Members' Name : _____

Card Details

Cardholder Name _____

Card/Switch Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

`

Expiry date ☐☐/☐☐

Valid from date ☐☐/☐☐

Issue Number ☐☐

Card Security Code ☐☐☐

(The last 3 numbers printed on the signature strip on the back of your card)

Full Address as it appears on your card statement:

Postcode:

Cardholder's signature _____

Date ☐☐/☐☐/☐☐

PLEASE RETURN THIS FORM BY POST OR FAX TO:
The Specialist Societies Coordinator, SAAD, 21 Portland Place, London, W1B 1PY
Fax No: +44 20 7631 4352

21 Portland Place
London
W1B 1PY