



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**