

Membership Form

British Crystallographic Association

Charity Registration Number 284718 www.crystallography.org.uk

Please return completed forms and payment to: British Crystallographic Association, Administrative Office, c/o HG3 Conferences, 4 Dragon Road, Harrogate, HG1 5DF. Tel: +44 (0) 1423 529 333 Email: bca@hg3.co.uk

PERSONAL/CONTACT DETAILS			
Title: First Name:	Surname:		
Organisation:			
Department:	Position:		
Work/Home Address:			
City/Town:Count			
Country:			
Daytime Telephone:	Mob	ile:	
F-vails			
Email:			
membership category.			
Membership category	Annual Fee	Main Interest Group (select one only)	Special Interest Group (tick all applicable)
Standard member	£35	Industrial	Industrial
Concessions (students/retired/unemployed)*1	£17.50	Biological Structure	Biological Structure
Student member - hard copy of Crystallography News	£23.50	Chemical Crystallography	Chemical Crystallograp
Student member – four year term*2	£50	Physical Crystallography	Physical Crystallograph
Overseas members – five year term*3	£150		
Overseas members will receive a pdf copy of Crystallography be an additional charge to cover postage (£50 for Europe and For Overseas members only; please tick here to receive a pay members in Europe and a fee of £100 will be applied to the re A Young Crystallographer is an undergraduate or po course in the last five years.	I £100 for rest of per copy of Crystest of the world.	world, this covers the 5 year members tallography News. An additional fee of	ship term). £50 will be applied to
Are you a Young Crystallographer? Yes / No			
£	To the Gener To the Arnold To the Doroth raphic Associat	al Fund of the British Crystallogra I Beavers Bursary Fund. ny Hodgkin Prize (DHP) Fund. tion in Pounds Sterling.	
<u>PAYMENT</u>			
By cheque: Please make cheques payable to "British Crysta	allographic As	ssociation"	
By credit/debit card: Amount £or pa	ay online at w	ww.crystallography.org.uk	
Please take payment from my MasterCard/Visa/Switch/Maestro	PLEASE NOTE W	/E DO NOT ACCEPT AMEX OR DINER	
Card Number / / / / / / / / / / / / / / / / / / /		CVC (last 3 digits of security of	code)
Valid From / Expiry Date / /	Issue No (Sv	witch only)	
Card Holder's Name and Address (if different from above) PLI	EASE PRINT:		
☐ Please tick the box here to acknowledge that you have read	and accept the t	erms and conditions.	

Signature: Date: