



## Membership Renewal Form

Subscriptions are due by the 1st January each year. If you pay by standing order *please check* that it is paid correctly!

Please send the appropriate amount with this form to: **Mr M.G. Taylor, Westlea, Kyleakin, Isle of Skye IV41 8PH.**

*Cheques should be made payable to The British Pteridological Society.* Eurocheques are not acceptable. Standing orders may be paid on 1st January or 1st February; see separate form.

Payment by **credit card or PayPal**: a small charge must be made to cover costs to the Society (see below); for PayPal you will require an e-mail address and credit card or PayPal account.

Another convenient method of payment for members abroad is an International Girobank Order in Sterling.

### MEMBERSHIP RENEWAL

- Full Personal Members ..... £20.00 [ ]
- Optional Members not receiving the *Fern Gazette* ..... £16.00 [ ]
- Student Members (full-time students) ..... £10.00 [ ]
- Family Members (spouse/partner) ..... £ 2.00 extra [ ]
- Subscribers (universities, libraries & other institutions including agents acting on their behalf, & trade agents) ..... £33.00 [ ]
- Airmail postage for all journals ..... £ 4.00 extra [ ]
- Airmail postage for those not receiving the *Fern Gazette* ..... £ 2.50 extra [ ]
- Donation ..... £ .....
- Credit card payment (£2.00 extra or 5%, whichever is greater) ..... £ .....
- PayPal payment (5% of total) ..... £ .....
- TOTAL AMOUNT ENCLOSED ..... £ .....

Name .....

Address .....

.....

E-mail address .....

*(If possible, please send by e-mail to: [Membership@eBPS.org.uk](mailto:Membership@eBPS.org.uk))  
(Please indicate if you do not wish your e-mail address to be published in a future address list)*

Telephone no. ....

*(Please give your up-to-date telephone number – will not be published)*

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

### ***Have you completed a Gift Aid form?***

#### **CREDIT CARD PAYMENT**

I authorise the British Pteridological Society to debit my Visa ..... / Mastercard ..... account by £ ..... (Please remember to pay £2 extra or 5%, whichever is greater, to cover costs)

Card number ..... - ..... - ..... - .....

Expiry date ..... / ..... Name as given on card .....

Signature of cardholder ..... Date .....

#### **PAYPAL PAYMENT**

Please send me a PayPal invoice. My e-mail address is .....